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Ayurvedic management of Systemic Lupus Erythematosus - A Case Study

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ABSTRACT

Systemic Lupus Erythematosus (SLE) is a multi-system disorder affecting connective tissues and is auto immune in nature. Prevalence of SLE in India is estimated to be 30 per million people. A 25 year old Indian female came to hospital with complaints of pain and burning sensation on both knee joints especially after walking, anxiety and mood disorders since 4 years. She was a known case of SLE and was taking corticosteroids. Clinical evaluation revealed intermittent fever, discoid rashes on elbows and lower limbs, oral ulcers and occasional severe headache. The case was diagnosed as *Pittadhika Vataraktam* and *Deepana Pachana* was started with *Amapachana Vvati*, *Udwartana* was started with *Yava* and *Triphala Churna*. *Snehapana* was done with plain *Goghrita* until *Samyak Lakshanas* and *Virechana* was done with *Trivrut Avaleha*. After *Peyadi Krama*, *Ksheera Basti* was done for eight days along with intake of *Manjistadi Kwath*, *Kaisora Guggulu* and *Guduchi Churna*. Pain, edema and burning sensation of both the knees was completely relieved after follow up period. ANA was reduced from 1:1640+++ to 1:160+, while Anti ds-DNA value also got reduced from 80.0 IU/mL+++ to 28.0 IU/mL +. Hemoglobin improved from 7.3 gm % to 10 gm% after treatment. SLE may be correlated with *Vatarakta* and its line of management may be adopted here.

Key words: *Ksheera basti*, *SLE*, *Systemic Lupus Erythematosus*, *Vatarakta*

INTRODUCTION

Systemic Lupus Erythematosus (SLE) is a multi-system disorder affecting connective tissues and is also auto immune in nature. The reported prevalence of SLE ranges from 14 to 60 per 100000 in India.^[1] It is said to be more common in women of reproductive age group. Immune disorders affect human tissues causing hypersensitivity, immune deficiency and auto immune disorders. In SLE, the immune system attacks healthy body tissues like skin, joints, kidneys and other organs.

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Fever, fatigue, myalgia, arthralgia, arthritis, malar rash, oral ulcers etc. are the general symptoms of this disease. The exact cause of SLE is not clearly understood according to modern science. The presentation of symptoms will be depending upon the site of damage occurring due to the disease. There is no cure for SLE according to modern science other than use of corticosteroids, NSAID's and immunosuppressant's. *Ayurvedic* treatments can provide considerable relief to the patients and without the fear of serious side effects. Mostly the treatment approach in *Ayurveda* adopted is *Vata Rakta* and *Pittahara* in nature. This case study highlights the effectiveness of *Ayurvedic* management of SLE.

CASE REPORT

A 25 year old Indian female came to the hospital with complaints of pain and burning sensation on both knee joints especially after walking since four years. She also had anxiety and mood disorders since four years. She was a known case of SLE and was under corticosteroids and immune suppressants. Clinical evaluation revealed intermittent fever, discoid rashes on elbows and lower

limbs, oral ulcers and occasional severe headache. She had no past history of diabetes mellitus, hypertension, tuberculosis or trauma. The patient's diet history was mixed including spicy, salty and fried foods. The appetite was good with regular bowel habits and micturition. Sleep was occasionally disturbed due to pain and with no history of addiction. The menstruation was normal with no remarkable changes. On physical examination, her built was moderate, vitals were normal but during febrile attacks, temperature used to touch 100°F. *Ashtavidha Pariksha* revealed normal findings, her *Prakruti* was determined to be *Vata Pitta*, *Koshta* was *Mridu*, and she did irregular exercises and her temperament was sensitive. Her *Satva* was *Rajasik* and the knee joints elicited Crepitus at Grade 1 on left and Right Knee joints along with presence of swelling on both knees.

The *Nidana* factors like eating much of spicy, salty foods along with less sleep during night and anxiety lead to the imbalance of *Vata*, *Pitta* and *Rakta*. *Vata* was responsible for pain and *Pitta* was responsible for the burning sensation and fever. *Dusta Rakta* was causing rashes and ulcers. Considering all these aspects, the case was diagnosed as *Vatarakta*.

Timeline

The patient was a known case of SLE and based upon the clinical assessment she was diagnosed as having *Vatarakta* and treated accordingly. All the modern medicines which she was taking were stopped before starting the treatment schedule.

Table 1: Timeline of events

Days in sequence	Interventions	Details of intervention	Observations
4 days	<i>Deepana, Pachana</i>	<i>Amapachana Vati</i> ^[2] 2-2-2	Improved appetite
4 days	<i>Udwartana</i>	<i>Triphala Churna</i> ^[3] + <i>Yava Churna</i>	<i>Rookshana</i> achieved on the body
6 days	<i>Snehapana</i>	Plain <i>Goghrita</i>	<i>Samyak Snigdha Lakshana</i> ^[4]

3 Days	<i>Abhyanga and Basha Sweda</i>	<i>Abhyanga with Bala Taila</i>	Feeling of lightness of body. Knee joint pain and swelling on both knees reduced
1 day	<i>Virechana</i>	<i>Trivrut Avaleha</i> ^[5] 80 gms	18 Vegas with <i>Samyak Virikta Lakshanas</i>
5 days	<i>Samsarjana Krama</i>	<i>Peyadi</i> (Planned Diet)	Normalization of digestion. Knee joint pain significantly reduced
8 days	<i>Ksheera Basti</i> ^[6]	<ol style="list-style-type: none"> <i>Saindhava</i> 12 gms <i>Makshika</i> 100 ml <i>Bala Taila</i> 100 ml <i>Tiktaka Ghrita</i> 100 ml <i>Kalka</i> (<i>Yastimadhu</i> and <i>Satahwa</i> in equal proportion) 20 gms <i>Guduchya di Ksheera Kashayam</i> 200 ml 	Patient informed that more than 50% reduction in symptoms was noted
30 days	Internal medicines	<ol style="list-style-type: none"> <i>Manjistadi Kwath</i>^[7] 50 ml bd <i>Kaisoraguggulu</i>^[8] 2-2-2 <i>Guduchi Churna</i>^[9] 	Patient informed that almost 50% reduction in symptoms was noted

		3 gms bd with warm water.	
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Outcome

Pain, edema and burning sensation of both the knees subsided completely. Anxiety got improved on the Hamilton Anxiety Rating Scale from 25 to 15. There was no history of fever since the beginning of treatment. Discoid rashes on elbows and lower limbs decreased considerably, oral ulcers and occasional headache subsided completely. Regarding the lab investigations, the Anti-nuclear antibody (ANA) was reduced from 1:1640+++ to 1:160+, while ds-DNA value also got reduced from 80.0 IU/mL+++ to 28.0 IU/mL + compared to before treatment. Hemoglobin improved from 7.3 gm% to 10 gm% before and after treatment. The patient was followed up for a month and she had not developed any new episodes of symptoms.

DISCUSSION

SLE was considered under *Vatarakta* spectrum of disease and more specifically in this case as *Pitta Pradhana Vataraktam*. Here vitiated *Vata* as well as *Rakta* was vitiated owing to its own etiology. The *Sukshma - Chala Guna* of *Vata* and *Drava - Sara Guna* of *Rakta* normally helps in their normal circulation through the *Sira*. When these become vitiated and after it reaches the joints, where vessels are arranged in circular and tortuous manner, it gets localized there to manifest disease with different signs and symptoms of *Vatarakta*. The *Ruksa Chala Gunas* of *Vata* and *Sara Tikсна Gunas* of *Rakta* makes this disease extremely virulent. The *Tikсна, Snigdha* and *Usna* nature of *Rakta* causes inflammation and the *Ruksa Tikсна Guna* of *Vata* causes degeneration of tissues. Symptoms of *Utthana* as well as *Gambhira Avasta* were observed in this case.

While analyzing the *Samprapti* of *Vatarakta*, *Rasa, Rakta, Mamsa, Meda, Asthi* and *Majja Dhatus* are also affected along with vitiated *Vata* and *Rakta*. *Deepana, Pachana* was started to reduce *Amavasta* of the disease. It was not advisable to do *Swedana* in this case, and *Udwartana* was selected because it is *Rakta*

Prasadana in nature. Considering the *Dhatu* level involvement, the line of treatment should be *Virechana* and *Basti*. *Virechana* after *Snehapana* with *Goghrita* was done because it was *Pitta pradhana Vatarakta* and also it is the first choice in *Vatarakta Chikitsa*.^[10] *Rakta Dhatu* is the *Aashrayastana* for *Pitta* and *Virechana* is the specific *Shodhana karma* for vitiated *Rakta* and *Pitta*. This procedure also clears the *Srotas* for further treatments. After that *Ksheera Basti* was selected with *Tikta Dravyas* which were also *Vatahara* as well as *Raktaprasadana*.^[11] *Guduchi* has promising results in *Vatarakta Chikitsa* and thus was taken for preparing *Ksheera Kashaya* in *Basti*.^[12] *Tikta Rasa Sadhita Ksheera Basti* is indicated because of its specific action on *Asthi Dhatu*.

After *Sodhana* therapy, *Samana Chikitsa* was carried out using *Manjishtadi Kwatha, Kaisora Guggulu* and *Guduchi Choorna*. *Manjistadi Kashaya* is *Vataraktahara* and *Raktaprasadana* in nature. *Kaisora Guggulu* is exclusively indicated in *Vatarakta* conditions as well as it has *Rasayana* property also. *Guduchi Churna* was given because *Guduchi* is best for *Vatarakta* and it is *Balya*, thereby it may have the capacity to improve the immune system of the body.

CONCLUSION

Ayurvedic management was found to be effective in the relieving the symptoms of SLE and there was no adverse drug reactions reported during the treatment period. NSAID's and corticosteroids are having various side effects even though they are effective, there is always a need of a safer and effective herbal based solution. The study shows the beneficial effect of *Panchakarma* therapy along with internal medication. In future studies with larger sample size and proper documentation may help to ensure safety and efficacy of the drugs and procedures used.

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