



ISSN 2456-3110

Vol 8 · Issue 12

December 2023

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

Ayurvedic approach in the functional improvement of Systemic Lupus Erythematosus (SLE) - A Case Report

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ABSTRACT

Systemic lupus erythematosus (SLE) is an auto immune disease in which organs and cells undergo damage mediated by tissue-binding autoantibodies and immune complex.^[1] 90% of patients are women of child-bearing years are affected with this disease. According to *Ayurveda*, the signs and symptoms can be included under the purview of *Vataraktha*. **Case summary:** A 43-year-old female patient approached with chief complaints of pain over bilateral elbow joints, shoulder joints and low back pain, burning sensation over toes for 8 years associated with febrile attacks, coated tongue, mouth ulcer, dryness of mouth aggravated since 2 months. The *Ayurvedic* diagnosis was made as *Vataraktha* on the basis of signs and symptoms. The patient was given *Sadyovirechana* (Purgation therapy), *Basti* therapy (enema) along with other external procedures and internal medications. Significant improvement was observed after the treatment in terms of VAS Score and other subjective parameters. This case study shows that *Ayurvedic* treatment is helpful in the functional improvement of SLE and helps in improving the quality of life.

Key words: SLE, Systemic lupus erythematosus, Vataraktha, Basti, Case report.

INTRODUCTION

Systemic lupus erythematosus affects multisystem that are influenced by multiple factors such as genetic factors, immunological, environmental factors etc. symptoms can vary widely from person to person and

can change over time. Common symptoms include fatigue, joint pain and swelling, rashes etc. There is no cure for SLE, but treatment aims to manage symptoms, prevent flares minimize organ damage and improving the quality of life.

Vataraktha is the condition in which both *Vata* and *Raktha* are afflicted by distinct etiological factors having symptoms such as *Daha* (burning sensation), *Ruja* (pain), *Toda* (pricking pain), *Sphurana* (throbbing sensation), *Shyava Twak* (cyanosis of skin), *Raktha Twak* (reddish discoloration), *Bheda* (splitting type of pain), *Gourava* (heaviness).^[2]

According to *Ayurveda* among the *Panchakarma*, *Basti Karma* is considered as the best line of treatment for *Vataraktha*. After *Roga* and *Rogi Pariksha*, *Avasthanusara Chikitsa* was planned.

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Submission Date: 11/10/2023 Accepted Date: 19/11/2023

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.8.12.40

PATIENT INFORMATION

A 43-year-old female patient visited *Panchakarma* Outpatient Department of SDM Hospital, Hassan on 14/7/2022 with complaints of pain over both elbow joints, shoulder joints and low back region, burning sensation over toes since 8 years associated with febrile attacks. Complaining of coated tongue, mouth ulcer, dryness of mouth aggravated since 2 months.

Associated Complaints

She had disturbed sleep, tiredness and headache.

Past history

No h/o Diabetics mellitus, hypertension, other major medical and surgical history.

Personal history

Appetite of the patient was reduced. Bowel evacuation and micturition was normal, sleep was disturbed.

Consumption of more spicy food and daily intake of curd.

Family history

No relevant family history.

Clinical findings

Patient was having *Madhyama Sara* (moderate body tissue), *Madhyama Samhanana* (moderate body built), *Madhyama Vyayama Shakthi* (moderate capacity to carry on physical activities), *Madhyama Ahara Shakthi* (medium capacity of food intake) and *Madhyama Jarana Shakthi* (medium digestive power). VAS score was 9 before treatment.

Laboratory parameters

Hb - 10.6 gm%, ESR - 26mm/hr (14/7/22), ANA - positive.

Timeline**Table 1: Timeline**

Date	Relevant medical history
December 2014	c/o coated tongue, mouth ulcer, recurrent fever (once in every month).

July 2015	c/o pain over both elbow joints, shoulder joints and low back region, burning sensation over toes
February 2016	Biopsy report showed subacute cutaneous lupus erythematosus. - underwent medications - tab HCQ 400MG 1OD, Tab Omnacortil 2.5mg 1 OD
February 2016	ANA by IFA - weak positive
May 2018	Pain, signs and symptoms aggravated, Tab Azapure 50mg was advised.
23/05/2022	Desmoglein III Antibody-positive
1/7/2022	First consultation in panchakarma OPD and advised for admission

Diagnostic assessment

With these complaints, patient took treatment from allopathic hospital where she was diagnosed with SLE with relevant investigations like study of anti-nuclear antibody confirming the diagnosis.

According to Ayurveda it can be included under the purview of *Vataraktha* in which disease manifest as a result of *Marga-Avarodha* of *Vata* by *Rakta*.

Diagnosis - Vataraktha**Table 2: Therapeutic intervention**

Intervention	Duration
<i>Sarvanga Udwartana</i> f/b <i>Parisheka</i> with <i>Dashamoola Kwatha</i>	14/7/2022 - 16/7/2022 for 3 days
<i>Sadyovirechana</i> with <i>Trivrit Lehya</i> (80gm) + <i>Triphala Kashaya</i> (100ml)	16/7/2022
<i>Sarvanga Abhyanga</i> with <i>Pinda Thaila</i> f/b <i>Parisheka</i> with <i>Dashamoola Kwatha</i> . <i>Basti</i> as per schedule.	17/7/2022 - 20/7/2022
<i>Sarvanga Abhayanga</i> with <i>Ksheerabala Thaila</i> f/b <i>Patra Pinda Sveda Basti</i> as per scheduled	21/7/2022 - 23/7/2022

Sarvanga Abhyanga with Ksheera Bala Taila f/b Shasthika Shali Pinda Sveda Basti as per scheduled	24/7/22-25/7/2022			
Yasthimadhu Churna (100gm) + Shankha Bashma (100gm) + Praval Bashma (20 gm) = ½ tsp BD with butter milk before food.	Internally from 1/7/2022			
Nimbadi Kashaya Basti	17/7	18/7	19/7/	20/7
Honey - 80gm	A	N	A	N
Saindhava -10gm				
Sneha - Dadimadi Gritha + Sukumara Gritha (40ml each)	21/7	22/7	23/7/	24/7
	A	N	A	A
Kalka - Musta, Devadaru, Manjitsa, Amalaka, Guduchi (10 gm each)	A - Anuvasana Basti N - Niruha Basti			
Kashaya - Nimbadi Kashaya -300ml				

Outcomes

Patient responded well to the treatment, symptoms like pain in the joints, febrile episode started to reduce gradually, changes in the mouth ulcer was also noted. On the 4th day of treatment, it was observed that VAS score has reduced to 7. After the treatment VAS score was 3.

Fig.1: Picture showing changes in mouth ulcer before and after treatment



Fig. 2: Picture showing changes in coating of tongue before and after treatment.



DISCUSSION

Present case was already a diagnosed case of SLE, an autoimmune disease. Patient took allopathic treatment but no much relief was seen. Ayurvedic management was found to be effective in the functional improvement of SLE, correlating the symptoms with *Vataraktha*. Initially for *Rukshana* and *Ama Pachana*, *Udwarthana Chikitsa* followed by *Parisheka* was carried out. For *Kostha Shodhana*, *Sadyovirechana* was given with *Trivrit Lehya* and *Triphala Kashaya*. Later on *Sarvanga Abhyanga* with *Pinda Thaila* f/b *Parisheka* with *Dashamoola Kwatha* was done as *Snehana* helps in the proper *Gati* of *Vata*, brings *Gaatra Mardavata* and removes the *Srothorodha*. Later on, *Shasthika Shali Pinda Sveda* was done after attaining *Nirama Avasta* in order to control the aggravated *Vata Dosha* and for producing *Brimhana* therapy. Internally *Yasthimadhu Churna* (100gm) + *Shankha Bashma* (100gm) + *Praval Bhasma* (20 gm) = ½ tsp BD with butter milk before food was given as all the drugs are *Madhura* in nature and *Madhura Rasa* is helpful in reduction of *Pitta Dosha*, which is connected to *Rakta* according to *Ashrya Aashrayi Bhava*. *Madhura* is also helpful in reduction of *Vata*. *Basti Karma* is the best treatment modality for *Vataraktha*.^[3] *Nimbadi Kashaya Basti* helps in correcting the vitiated *Vata* and *Pitta* along with *Rakthaprasadaka* and *Rasayana drugs*. Drugs having

Thikta Pradhana Rasa, Madhura Vipaka, Ushna Veerya was used.

CONCLUSION

SLE is an auto immune disorder, which is progressive in nature, ayurvedic line of approach helps in the functional improvement of the condition and hence improves the quality of life of the individuals. Present observation and approach definitely boost up the new research scholars to manage these conditions and do further studies.

Patient Perspective

Patient was satisfied with the treatment in terms of reduction in pain, burning sensation and mouth ulcer and improved sleep.

Patient Consent

Written permission for the publication of this case study has been obtained from the patient.

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How to cite this article: Anjana Sujith, Lohith B A, Muralidhar P. Pujar, Ashvini Kumar M. Ayurvedic approach in the functional improvement of Systemic Lupus Erythematosus (SLE) - A Case Report. J Ayurveda Integr Med Sci 2023;12:265-268.

<http://dx.doi.org/10.21760/jaims.8.12.40>

Source of Support: Nil, **Conflict of Interest:** None declared.
