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Nija Shotha - A Clinical Case Report

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ABSTRACT

Shotha is defined as the one which is *Shareera Ekadeshe Sthitha* involving *Tridoshas* and having *Ashraya* is *Twak, Mamsa*.^[1] *Nija Shotha* is one where the involvement of the *Vatadi Doshas* is first followed by development of *Vedanadi Lakshanas*.^[2] It has different *Nidanas*, and a case of *Shotha* with *Sneha Vibrama Nidana* is included in the current study. Present case report is of a male patient aged 62 years who is a k/c/o HTN since 3 months, K/C/O *Kushta* since 18 years, and presented with symptoms of severe pain & swelling in bilateral lower limbs since 1 week. Upon close inspection, it was discovered to have been evolved after *Kushta*, with *Sneha Vibhrama* serving as the primary *Nidana*. He was treated with *Bahya Chiktitsa* & *Shamana Aushadis*, resulting in a considerable reduction of *Shotha* & *Vedana* and was followed with *Virechana* after which the symptoms were completely reduced. This case illustrates how *Shotha* develops due to *Vyadhikarshana*, wherein *Sneha Vibrama* functions as a *Vyanjaka Hetu* for the disease progression.

Key words: *Nija Shotha, Sneha Vibhrama, Vyadhikarshana, Vyanjaka Hetu*

INTRODUCTION

Shotha, one of the *Mahagadas*,^[3] has its *Ashraya* in the *Twak Mamsa* and can be a symptom of any disease / an independent disease / a complication of a disease. *Utseda* is the primary *Lakshana*. Although more *Vrana Vastu* may be involved, they are regarded as the principal *Ashraya*. It can be categorized as *Nija* and *Agantuja Shotha* based on *Nidanas*.^[4] *Vatadi Doshadushana* occurs first in *Nija* and is followed by *Vedanadi Lakshana*. *Mithyopachara, Na Cha Dehashuddhi, Kshara Amla Teekshnadi Sevana, Gara Nishevana, Mithya Samsarjana, Kusta Pidaka Adi*

Vyadhi, Ati Madya Sevana are some of the *Nidanas*.^[5] The *Vidahi* and *Abhishyandi Guna* of the *Ahara Viharas* influence the normal *Snighda Sheeta Agneya Guna* of the *Srotas*; this results in impairment of the regular functioning and normal transport mechanism of the *Srotas* due to the *Avrutamarga*, which leads to the development of *Shotha*. *Apravartana* of the *Upasthita Doshas* in the instance of *Sneha Vibhrama* is obstructing the *Srotas* and resulting in the formation of *Shotha*. Depending on the *Dosha* involved, *Shotha* can also be classified as *Sarvanga Ekanga* and *Vatadi Bheda*.^[6] Though all the *Doshas* are involved in the development of *Shotha* classification is done based on the *Adhikadoshalinga*.^[7]

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CASE REPORT

A 62 years male presented with c/o swelling associated with burning sensation in bilateral lower limbs since 1 week and also fever since 1 day. He has a history of *Kushta* from past 18 years and alcohol and tobacco chewing since 35 years. The lesions developed initially as a small black coloured macule over the left knee joint. Later it gradually spread to left elbow, right knee, and scalp over a period of time. He consulted many physicians but found no relief. After about 3-4 years

lesions started spreading to whole of the body. He again consulted allopathic physician where lesions reduced but on stopping the medicines the lesions reappeared. This continued for about 5-6 years. Lesions then spread to whole body. He then consulted an *Ayurveda* physician where he was advised with a *Shodhana Chikitsa*. He started *Snehapana* but did not continue it and left in between without completing the treatment after which complaints further increased. Later again he consulted *Ayurveda* physician and once again started with *Snehapana* but again he left after 2 days after which he developed severe swelling in bilateral lower limbs and lesions also increased. Later he took allopathy treatment and the complaints subsided. Presently patient has reddish brown lesions all over the body associated with pain and itching and also powdery and blood discharge. Because this he has developed swelling over bilateral lower limb which is reddish in colour associated with pain and burning sensation, pitting in nature and also fever since 1 day.

Clinical findings and diagnostic assessment

On physical examination it was found that the distribution of lesions was mainly on the extensor surface then spreading centripetally to the trunk. Lesions were annular, reddish black macules. Candle grease sign and auspitz sign were positive.

Swelling was seen over bilateral lower limbs which was reddish in colour. On palpation warmth and tenderness was present and also pitting was seen.

When seen in terms of *Trividha Pareeksha*,^[8]

Table 1: Trividha Pareeksha of Shotha and Kusta respectively

Pareeksha	Shotha	Twak
Darshana	Reddish, <i>Tanu Twacha</i> <i>Srava</i> absent	Reddish brown skin lesions all over the body, powdery discharge + <i>Srava</i> absent, no bleeding spots seen
Sparshana	<i>Ushma</i> +	<i>Khara</i> +

	<i>Ruja</i> + pitting +	<i>Ruja</i> -
<i>Prashna</i>	<i>Satata shoola</i> <i>Nishkriyatva</i> burning sensation + Pain is continuous in nature, <i>Pipeelikabhiriva</i> <i>Samsrushana</i> at midnight	<i>Ruja</i> absent <i>Kandu</i> +

Nidana Panchaka

Nidana

Utpadaka Hetu - *Vyadhi Karshana* from *Kusta*

Vyanjaka Hetu - *Snehavibhrama*

Ati Atapa Sevana

Ati Madya Pana

Ati Ushna Teekshna Kshara Sevana

Mithya Upachara like *Yana Adi*

Purvaroopo

Mild swelling over bilateral lower limb from 1 week

Roopa

Rakta Varna Shotha Over Bilateral Lower Limb

Teevra Ruja

Daha

Pitting

Upashaya

Sneha, Ushna

Anupashaya

Long standing, cold

Samprapti

Sankhya - Based on *Nidana*: 2 *Nija* and *Agantuja, Dosha Bhedhena* 7

Pradhanya - *Vata Vriddhatama, Pitta Vriddhatara, Kapha Vriddha*

Vidhi - Nija Shotha, Daruna Vyadhi

Vikalpa - Rooksha, Sookshma Guna Vriddhi of Vata

Ushna Guna Vriddhi of Pitta

Sheeta Guna Vriddhi of Kapha

Bala Kala - Ruja more at midnight, Shotha is Divabali

Flow Chart 1: Samprapti involved in development of Shotha due to Sneha Vibhrama

All the above said Nidana



Prakopa of all the three Doshas simultaneously



Shithilata of the Twagadi Ashrayas



Sthanasamshraya of the Doshas in these Ashrayas



Kusta - no proper treatment taken (on and off allopathy medication)



Leena Avastha of the Doshas over a period of time



Snehapana taken caused Vriddhi of the Doshas trying to attain Upasthita Avastha



Because of Sneha Vibhrama and other Mithya Ahara Vihara



Further Dosha Prakopa along with the Vriddha Doshas



Khavaigunyata created in the Twak Mamsa of the Adhosakthi



Lodgment of the Prakupita Doshas



Shotha

Diagnosis - Based on the Shotha Lakshanas^[9-11] found

Table 2: Shotha Lakshanas found in present case

Vataja	Pittaja
Aruna Varna	Tamravabhasa
Kshipra Utthana Prashamana	Kshiprautthana Prashamana
Peedyate	Ushna
Pipeelikabhiriva Samsprushyate	Mrudu, Tanutwak
Snehoshnam Cha Pranashyeyet	Jwararta

Therapeutic intervention

The patient received treatment in the inpatient department following a thorough history and examination. For five days, *Soothashekara Rasa*, *Kaishora Guggulu*, *Mahamanjistadi Kwatha*, *Panchatiktaka Kashaya* along with *Bahya Chikitsa*, which included *Alepa* with *Dashanga Lepa*, *Abhyanga* with *Brihat Marichadi Taila*, and *Parisheka* with *Dashamoola Kashaya*, were administered. Following this *Shotha* reduced considerably and also *Ruja* reduced completely. Following this patient was started with *Shodhana Chikitsa*. He was given *Snehapana* with *Mahatiktaka Ghruta* for 4 days. After attaining *Sneha Siddhi Lakshanas* it was followed with *Sarvanga Abhyanga* with *Brihat Marichyadi Taila* followed with *Bashpa Sweda* and advised to follow proper diet for *Virechana* in *Vishrama Kala*. After 3 days of *Vishrama Kala* he was given *Virechana* with *Trivrut Leha* 40gm and attained *Pravara Shuddhi* with 22 *Vegas*. Following *Shodhana*, *Shotha* disappeared and skin lesions significantly decreased. The burning and pain were lessened, and there was no longer any powdery discharge.

Table 3: Chikitsa adapted and results

Chikitsa	Dravya used	Duration	Result
<i>Alepa</i>	<i>Dashanga Lepa</i>	1-5 days	Reduction in redness Burning sensation reduced

<i>Parisheka</i>	<i>Dashamoola Kashaya</i>	1-5 days	Reduction in redness Mild reduction in pain
<i>Abhyanga</i>	<i>Brihath Marichyadi Taila</i>	6-10 days	Drastic reduction in pain and swelling
<i>Snehapana</i>	<i>Mahatiktaka Ghrita</i>	11-14 days	Swelling and pain reduced completely <i>Snighdata</i> in the dry skin lesions
<i>Vishrama Kala</i>	<i>Sarvanga Abhyanga with Brihath Marichyadi Taila followed by Bashpa Sweda</i>	15-17 days	<i>Snighdata</i> in the lesions
<i>Virechana</i>	<i>Trivrit Leha</i>	18 th day	22 Vegas <i>Shotha</i> and pain were reduced completely Powdery lesions were absent



Figure 2 & 3: After *Bahya Chikitsa* and *Shamana Aushadi*



Figure 1: Swelling before the treatment



Figure 4 & 5: After 15 days of treatment

DISCUSSION

Kusta when its long standing without proper *Chikitsa*, *Doshas* become *Leena* and *Dhatugata*.^[12] Whenever there are favorable conditions symptoms are expressed. *Snehapana* does *Vridhhi* and *Vishyandana* of the *Doshas* and also there is increase in the *Apyamsha* because of the properties of *Sneha*. Instead of undergoing *Pachana*, the *Snehapana* for *Shodhana* performs *Vridhhi* by combining with the *Doshas*, aiding in the attainment of the *Upasthita Doshavastha* and facilitating easy passage through the *Srotas* without being struck. However, there was the *Apravartana* of the *Doshas* when there was *Sneha Vibhrama* and *Mithya Upachara*, *Vridhha Doshas* entered the *Bahi Siras* and becomes *Shakagata*. Because of following *Astamahadoshakara Bhavas*^[13] like *Yana*, *Ati Chankramana*, and *Atiasana* following *Snehavibrama*, *Khavaigunyata* was created in the *Adhoshareera*, and also *Vridhha Doshas* caused the further vitiation of the *Twak* and *Mamsa* because of which *Doshas* got *Sthana Samshraya* in the *Twak* and *Mamsa* of the *Sakthi* led to the development of *Shotha*.

Considering the *Shotha* to be acute in condition *Bahya Chikitsa* was chosen primarily. *Alepa* was thus planned initially as it is considered as *Adya Upakrama*^[14] in *Shotha* and also it is *Sarvashotha Pradhana Chikitsa*.^[15]

Dashanga Lepa having the ingredients *Shireesha* (*Albizia lebbek*), *Yashtimadhu* (*Glycyrrhiza glabra*), *Nata* (*Valeriana wallichii*), *Chandana* (*Santalum album*), *Ela* (*Elittaria cardamomum*), *Jatamansi* (*Nardostchys jatamansi*), *Haridra* (*Curcuma longa*), *Daruharidra* (*Berberis aristata*), *Kusta* (*Saussurea lappa*), *Hriversa* (*Pavonia odorata*)^[16] is considered to have anti-inflammatory action and also it is *Pittahara* and has a direct indication in *Shotha*. There was a great reduction in redness and burning sensation following *Lepa*. Along with the *Shamana Aushadas Sootashekara Rasa*, *Kaishora Guggulu* later changed to *Yogaraja Guggulu*, *Mahamanjisthadi Kashaya* with *Panchatiktaka Kashaya* because of its *Vata Pittahara Guna* helped in reducing pain and burning sensation. Simultaneously *Parisheka* was advised by *Dashamoola Kashaya*. As this was *Pittasamsrusta Avasta* and associated with *Kusta Lakshanas Drava Sweda* was advised and as *Dashamoola* is a *Shothahara Dravya*^[17] along with *Vata Kapha Hara* and *Shoolahara Guna* helped in reducing the pain and swelling considerably. This line of treatment was followed for 5 days later was advised *Abhyanga* with *Brihat Marichyadi Taila* for 3 days which helped in reducing the pain completely.

After *Atyayika Lakshanika Chikitsa Shodhana* was the line of management chosen for the elimination of the *Dushita Doshas* from the body. *Virechana* was the treatment opted as it is indicated in *Adhosthita Shotha*^[18] and also because of the involvement of *Kusta*. After proper assessment of the *Agni*, *Snehapana* was given with *Mahatiktaka Ghrita* as *Tiktasadhita Ghrita* is indicated in *Pitta Anilaja Shotha*^[19] and also it is indicated in *Vata Pittaja Kusta*. After following with *Vishrama Kala* of 3 days with *Sarvanga Abhyanga* with *Brihat Marichyadi Taila* and *Bashpa Sweda Virechana* was given with *Trivrut Leha* 40gm along with *Dugdha Anupana* as it is considered to be *Sarvarogapha* and *Vatapittahara*.^[20]

After proper *Virechana*, *Samsarjana Krama* was followed strictly following which there was a complete reduction in the *Shotha* and significant improvement in the skin lesions. Redness, burning sensation, and powdery discharge of the lesions reduced significantly. The patient was in follow-up for the next 2 months

during which there was no recurrence of pain, swelling, or any development of new lesions. Thus, *Bahya Chikitsa* along with proper *Shodhana* gave a good prognosis.

CONCLUSION

The present case was considered as a case of *Nija Shotha* manifested as a result of long-standing *Kusta* acting as *Utpadaka Hetu* along with *Sneha Vibhrama*^[21] and other *Mithya Upachara* like the *Yana Adi*, improper *Pathya*, *Madyapana*, etc. acting as the *Vyanjaka Hetu*. This led to the progression of the course of the disease *Kusta* leading to the development of *Shotha*. After proper analysis of the *Nidana* for *Shotha* development, *Lakshanika Chikitsa* was planned followed up with *Shodhana* which gave significant results.

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