ISSN 2456-3110
Vol 5 · Issue 1
Jan-Feb 2020

Journal of Ayurveda and Integrated Medical Sciences

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences

Charaka Publications

Indexed

Journal of
Ayurveda and Integrated Medical Sciences
ISSN 2456-3110
CASE REPORT Jan-Feb 2020

Role of *Panchakarma* in management of Autoimmune Inflammatory Polymyositis : A Case Study

Aishwarya Lakshmi B.R.[1], Santosh L Yadahalli[2], Ananta Desai[3]

[1]Post Graduate Scholar, [2]Associate Professor, [3]Head of Department, Department of Post Graduate Studies in Panchakarma, Government Ayurveda Medical College, Dhanvantari Road, Bengaluru, Karnataka, INDIA.

ABSTRACT

Polymyositis (PM) is a rare idiopathic-inflammatory-myopathy characterized by symmetric proximal muscle weakness and elevated muscle-enzymes. The estimated annual incidence has been reported to be 1/250,000 new cases/year. In *Ayurveda* the symptoms of this disease can be broadly studied under the spectrum of *Dhatugata Jwara* explained in *Charaka Samhitha Jwara Adhikara*. The contemporary science opines that there is no cure for polymyositis and treatment ranges from medications (high dose of corticosteroids) to physical therapy to improve muscle strength and function. Adverse effects associated with long term use of corticosteroids are the major drawbacks. So, an efficient *Ayurvedic* Treatment that can improve the condition and also overcome the adverse effects of corticosteroids and its dependency is the need of hour. A diagnosed case of Autoimmune-Idiopathic-Inflammatory-Polymyositis patient aged 32years visited *Panchakarma* OPD, GAMC, Bangalore. These symptoms mimicked *Dhatugata Jwara* with its *Adhistana* in *Mamsa.* Thus, its line of treatment was adopted here i.e. patient was administered with *Pachana-Deepana-Jwaraharachikitsa* initially followed by *Virechana* and 2 courses of *Yapana Basti* along with *Abyanga* and *Dashamoola-Yasti Ksheeraseka* externally. The dose of tab *Wysolone* and tab *Methotrexate* was slowly tapered. By the end of 2 months of our treatment, Patient was relieved with above symptoms and there was marked reduction in CPK(3770IU/L) and devoid of tab *Wysolone* with only *Methotrexate* 5mg once a week. Thus, the above case study has shown that the autoimmune disorders such as Polymyositis can be managed effectively in *Ayurveda* by undergoing regular *Shodhana* and following the regimens accordingly.

Key words: *Polymyositis, Mamsa Dhatugatajwara, Yapana Basti, Virechana.*

INTRODUCTION

Polymyositis (PM) is a rare idiopathic inflammatory myopathy characterized by symmetric proximal muscle weakness and elevated muscle enzymes. The estimated annual incidence has been reported to be between 1/250,000 and 1/130,000 new cases/year and prevalence 1/14,000.[1] PM is more common in women than in men (2:1). The exact mechanisms underlying PM have not been clearly elucidated to date. PM appears to be caused by inflammation-mediated muscle fiber necrosis and regeneration.[1] The age of onset is over 20 years, with most patients aged 45-60 years. The disease develops gradually over a period of 3 to 6 months with a variable impact on physical capacities: difficulty lifting objects, raising arms, kneeling, and climbing or descending stairs. Other signs include neck flexor weakness, fatigue, stiffness, weight loss, anorexia, dysphagia and less commonly dysphonia. Extra-muscular organ involvement is described including pulmonary disorders (exertional dyspnea, aspiration, interstitial

Address for correspondence:
Dr. Aishwarya Lakshmi B.R.
Post Graduate Scholar, Department of Post Graduate Studies in Panchakarma, Government Ayurveda Medical College, Dhanvantari Road, Bengaluru, Karnataka, INDIA.
E-mail: chaitrabairy@gmail.com

Submission Date: 02/01/2020 Accepted Date: 09/02/2020

Access this article online

Quick Response Code

Website: www.jaims.in

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lung disease) and less commonly cardiac involvement (arrhythmia, pericarditis, myocarditis, congestive heart failure).

The diagnosis is based on the presence of the following four criteria: proximal muscle weakness, elevated muscle enzymes (*creatinekinase*), myopathic findings on electromyography (EMG), and muscle biopsy showing scattered and regenerating fibers.[2] In *Ayurveda* the symptoms of this Autoimmune disease can be broadly studied under the spectrum of *Dhatugata Jwara* explained in *Charaka Samhitha Jwara Adhikara*.

The contemporary science opines that there is no cure for polymyositis and treatment ranges from medications (high dose of cortico-steroids and immunosuppressive agents) to physical therapy to improve muscle strength and function. Adverse effects associated with long term use of corticosteroids are the major drawbacks. So, an efficient *Ayurvedic* Treatment that can improve the condition and also overcome the adverse effects of corticosteroids and its dependency is the need of hour. This is a case report of a 32yr old male diagnosed with PM having achieved substantial recovery with *Ayurvedic Panchakarma* intervention.

Case Report

A male patient aged 32 years not a k/c/o DM or HTN was apparently healthy 4 years back, one day he had an onset of fever with chills and rigors which persisted for 4 days and was treated for it. Gradually observed easy fatigue, tiredness during routine activities, pain in B/L Thighs and B/L heels, marked reduction in body weight from 84kgs to 72kgs. Later patient also noticed that he had difficulty in walking or climb stairs. He consulted nearby physician who advised him to undergo Blood routine along with ESR, CRP and CPK. There was marked increase of CPK levels upto 17,302, increased *leukocyte* count of 20,300 and raised CRP 10.8. MRI suggested Inflammatory Polymyositis.

He was treated with high dose of Corticosteroids (*Wysolone* 60mg). After 2 months patient observed difficulty in breathing and was kept in ICU for 5 days, after the respiratory symptoms reduced, he was administered with IVIg for 5 days and methotrexate 25mg. Dose of methotrexate was slowly tapered to 15mg (CPK levels was reduced to 700IU/L).

Last year, patient again experienced Pain in neck, B/L shoulders, thighs and calves on prolonged standing for more than 1 hour associated with weakness of shoulder and thigh muscles; reduced muscle bulk in these areas, heaviness of proximal muscles. His CPK levels was raised up-to 5477IU/L. Patient was again put on Wysolone 30mg and Methotrexate 20mg but the symptoms were still persisting and there was no relief in pain and weakness, hence patient got admitted to SJIIM on 28-06-17 for better management.

Clinical Findings

On Examination

Patient was *Pitta-Kapha Prakrthi* with *Dusta Pitta-Vata Dosha* involved, *Stana samsraya* in *Mamsa Dhatu*; having *madyama saara* (moderate body tissue), *madhyama samhanana* (moderately built), *sama pramana* (normal body proportion), *katu amla rasa*, *mamsa satmya* (habitual to *katu-amla* and *mamsa rasa*), *madhyama satva* (moderate mental strength), *madhyama vyayamashakti* (capability to carry out physical activities is moderate), *madhyama abhyavaharana shakti* (Medium food intake), *avara jarana shakti* (Reduced digestion capacity)

Systemic Examination

The patient was alert, awake, and oriented to time, place, and person. Complete neurological examination was performed, which showed mild wasting in B/L shoulders and thighs with 5/5 power in both lower extremities but patient had difficulty to sit with arms crossed, climb stairs or walk for long time, intact sensations, and normal ankle and knee reflex bilaterally. Tenderness was present on B/L shoulders and thighs on palpation.

Laboratory Investigations

On 09-06-2014: EMG Report Impression:

1) B/L Peroneal and median motor axonopathy

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2) *Myopathic* EMG pattern in right biceps and right *vastus* lateralis

On 08-09-2014: MRI of the Hip and Shoulder Girdle Impression: High signal on STIR images in the muscles of Shoulder Girdle and Pelvic Girdle muscles with involvement of the iliopsoas and Posterior paraspinal muscles, no significant atrophy or fatty replacement. Features are suggestive of an *Acquired Polymyositis* rather than an inherited one due to absence of significant atrophy. The most possible diagnosis would be *Inflammatory Polymyositis*.

On 24-05-2017: Serum CPK: 5477IU/L

Serum SGOT: 142IU/L

Serum SGPT: 80IU/L

Diagnosis

By relevant history, clinical examination and appropriate investigations, the case was diagnosed as Autoimmune *Inflammatory Polymyositis* which simulates with the *lakshanas* of *Dhatugata Jwara* with the *stanasamsraya* of *Doshas* in *Mamsa Dhatu*.

Treatment Principle

1) *Pachana-Deepana, Jwarahara*
2) *Shodhana Chikitsa (Virechana)*
3) *Brimhana Chikitsa (Yapana Basti)*
4) *Shamana Chikitsa*

Table 1: Therapeutic Interventions

Intervention	Medicines	Observations
Pachana-Deepana, Jwarahara	*Chitrakadi vati* 2tab TID B/F for 3days *Amruttotara Kashaya* 5ml-0-5ml B/F for 1 week	*Agni deepti, samyak ama pachana,* *Samyak Mala Pravrtti*
Snehapana	*Guggulu Tiktaka Gritha* in *arohana matra* for 4 days - 30,70,120 and 140ml respectively (based on sneha jeerna kala)	*Adhastat sneha darshana, snigdhavarchas, vatanulomana, agni deepana*
Visrama kala = 3 days	*Sarvanaga Abyanga* with *Vishagarbha taila* f/b *Dashamoola Ksheera seka.* *Kapha avruddikara aahara* advised	*Samyak swedana lakshanas* was observed
Virechana karma	*Trivrut Lehya* 50gm *Triphala kashaya* 150ml as *anupana* Advised *Samsarjana karma* No of *Vegas* 16	*Kaphanta lakshanas* present Feeling of *laghutva, urja* felt
Mustadi YapanaBasti was started after 15 days.	*Poorva Karma: Sarvanga Abyanga* with *Mahamasha tailaf*/b *Dashamoola-Yasti Ksheeraseka* f/b *Mustadi YapanaBasti*	*Vatanulomana, sukha swapna, agni vriddhi, anga laghavata.*
After *Basti Dwiparihara kaala* of 20days was given and another course of *Yapana Basti* was administered	*Makshika*: 80ml *Saindhava Lavana*: 10gm *Mahatiktaka Gritha*: 120ml *Kalka* of *Shatapushpa* + *Yastimadhu* + *Ashwagandha*: 20gm *Mustadi Yapana ksheerapaka*: 200ml *Mamsa rasa*: 50ml Total: 480ml *Anuvasana* with *Mahatiktaka Gritha*: 80ml	

A	A	N	N	N	N	N	N	A	A	
-	-	A	A	A	A	A	A	-	-	

***Mustadi Yapana Ksheera Paka*[3] includes:** *Musta* (*Cyperus rotundus*), *Ushira* (*Vetiveria zizanioidis*), *Bala* (*Sida cordifolia*), *Aragvadha* (*Cassia fistula*), *Rasna* (*Pluchea lanceolata*), *Vibhitaka* (*Terminalia bellirica*), *Katurohini* (*Picrorhiza kurroa*), *Trayamana* (*Jentiana kuroo*), *Punarnava* (*Boerhavia diffusa*), *Manjistha* (*Rubia cordifolia*), *Guduchi* (*Tinosphora cordiffolia*), *Shaliparni* (*Desmodium Gangenticum*), *Prishnaparni* (*Uraria picta*), *Gokshura* (*Tribulus terrestris*), *Kantakari* (*Solanum xanthocarpum*), *Bruhati* (*Solanum indicum*) and *Madanphala* (*Randia spinosa*) and *ksheera* boiled into *ksheera paka*.

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The dose of corticosteroids and immuno-suppressants was slowly tapered. On discharge patient is advised with following medications:

1) *Yogaraja guggulu* 1-1-1 A/F
2) *Maharasnadi Kwatha* 15ml-15ml-15ml B/F
3) *Amritharista* 15ml -0- 15ml A/F
4) *Amrithaprasha Gritha* 1tsp-0-1tsp B/F

Follow up after every 15days was done.

DISCUSSION

Polymyositis (PM) is a type of chronic inflammation of the many muscles. The hallmark of polymyositis is weakness and/or loss of muscle mass in the *proximal* musculature, as well as flexion of the neck and torso. These symptoms can be associated with marked pain in these areas as well. The hip extensors are often severely affected, leading to particular difficulty in ascending stairs and rising from a seated position. *Dysphagia* (difficulty swallowing) or other problems with esophageal motility occur in as many as 1/3 of patients.[4] *Polymyositis* is not mentioned in *Ayurveda* directly but the Autoimmune disorders can be understood under the umbrella of *Jwara*, symptoms initially mimicked *Dhatugata Jwara*, where the *Kupitha Pitta* and *Vata* took *Stanasamsraya* in *Mamsa Dhatu*, symptoms of which are: *Antardaha* (Inflammation of Muscle fibers) leading to *Toda*, *Glani*, *Srustavit*, *Gaatra Vikshepa*[5] etc.

Pachana-Deepana and *Jwara*hara *chikitsa* was given initially followed by *Virechana* for *Pitta Shamana* and *Anulomana* of *Vata*. Later for *Brimhana*, two courses of *Mustadi Yapana Basti* was planned. Patient was given *Deepana-Pachana* with *Chitrakadi Vati* which corrected his *Agni* and *jarana shakti* was improved which is necessary step for *Snehapana*. *Snehapana* was done with *Guggulutikta Gritha*, as *tikta rasa* of GTG helps in *pitta shamana* and *raktaprasadana*, *Guggulu* is best *vedanastapaka* and helps in *srotoshodhana*. By the end of forth day, patient attained *samyak snigdha lakshana* and observed *Laghuta* of *shareera*. Patient was given *Abyanga* with *Vishagarbha Taila* f/b *Dashamoola-Yasti Ksheera Parisheka* during *Visramakala* as the disease is *Pitta pradhana*,*Ksheeraseka* was ideal. Pain in B/L shoulders and thighs reduced by 30%. *Virechana* was administered with *Trivrut Lehya* 50gms and *Triphala Kashaya* as *Anupana*. There was 16 *vegas* observed along with *kaphanta*, *Laghavata* and *Daurbalya*. Pain in B/L thighs and shoulders reduced by 70%. The *Dosha* involved here is *Pitta* and *Vata*. *Virechana* is the *agrya* in *Pittaja vikaras*[6] and it also causes *Vatanulomana*. *Virechana* thus helps in *Srotoshodhana* and brings the *vikrutagati* of *Pancha Vata* to normacly. The toxins produced by muscle inflammation would also be removed from the body by *Virechana*.

After 15 days, *Mustadi Yapana Basti* was administered for *Brimhana* purpose as there was *Bala Haani*, *Mustadi Yapana Basti* has *Rasayana* and *Sadyobalajanana* property.[3] *Vata Shamaka* property of *Mustadi Yapana Basti* normalizes and enhances the *Prakrutha karma* of *Pancha Vata*, hence *Mustadi Yapana Basti* can treat all the disorders that occur due to vitiation of *Vata*. *Agni Deepana* is also achieved due to *Deepana* and *pachana* property *of Mustadi Yapana Basti*. *Agni* is very essential for formation of *Dhatus* and process of metabolic transformation so all the *Dhatus* get nourished well. *Mamsa Rasa* which is added to *Basti* is enriched in proteins and is very efficient in *Mamsagata Vata Vyadhis.*[7]

Thus after 2 courses of *Yapana Basti* the proximal muscle weakness reduced by 60%, pain in nape of neck, B/L shoulders and thigh reduced by 80%, there was weight gain of 4kgs, Fatigue and tiredness reduced significantly. The CPK levels also reduced to 3770 IU/L (before 5477 IU/L) and patient was completely devoid of tab *Wysolone* with only *Methotrexate* 5mg once a week.

CONCLUSION

Thus, the above case study has shown that the autoimmune disorders such as Polymyositis can be managed effectively in Ayurveda by adopting *Jwara Chikitsa* initially and later undergoing *Shodana* according to *Doshas*. This also helps reducing the

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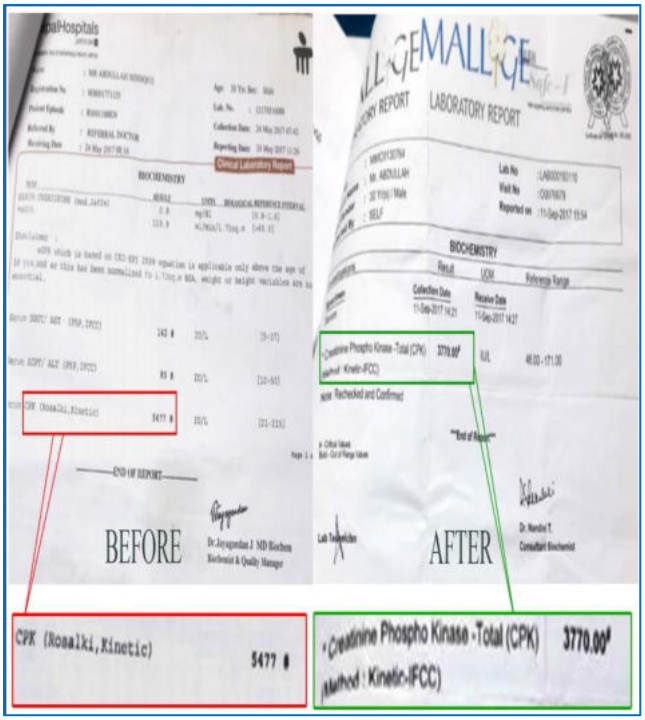
long-term dependency of corticosteroids and immunosuppressants.



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How to cite this article: Aishwarya Lakshmi B.R., Santosh L Yadahalli, Ananta Desai. Role of Panchakarma in management of Autoimmune Inflammatory Polymyositis : A Case Study. J Ayurveda Integr Med Sci 2020;1:284-288.

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

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