



# Integrated Approach To Systemic Lupus Erythematosus: Ayurvedic Shodhana In Conjunction With Modern Medicine- A Case Study.

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## Abstract:

Systemic Lupus Erythematosus (SLE) is a chronic autoimmune inflammatory disease of unknown origin. SLE manifests as the immune system mistakenly attacking healthy tissues, leading to inflammation and damage in various organs and systems. Auto antibodies produced by the immune system form immune complexes, which can deposit in organs, triggering inflammation and causing harm. Commonly affected organs include the skin, joints, kidneys, heart, lungs, blood vessels, and the central nervous system. Treatment of SLE mainly focuses on controlling the symptoms and therapy improving the quality of life as there is no complete cure. Treatment for SLE typically involves symptom management and prevention of flare-ups. Medications like nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, and immunosuppressive drugs may be prescribed. In Ayurveda, the symptoms associated with systemic lupus erythematosus (SLE) are often compared to the Lakshanas observed in Vatarakta. The management of SLE in Ayurveda typically involves the use of Samana oushadhies along with Panchakarma procedures. Here the primary management is through mrudu shodhana like basti along with external applications like abhyang and shasti shaalik pinda swedana followed by rasayana chikitsa and pathya-apathya.

Keywords: Vaatraktha, SLE, Snehapana, Basti, Shaman oushadhies.

## Introduction.

Systemic lupus erythematosus (SLE) is a chronic autoimmune disease of unknown origin, characterized by tissue damage caused by autoantibodies and immune complexes. Dysfunctional T cells, B cells, and dendritic cells contribute to the production of autoantibodies. Key features include the activation of dendritic cells and continuous secretion of IFN-alpha<sup>(1)</sup>. Diagnosis requires the presence of four or more symptoms among malar rash, discoid rash, photosensitivity, oral ulcers, non-reactive arthritis, pleuritis/pericarditis, renal disorders, neurological and hematological manifestations, and positive ANA tests<sup>(2)</sup>.

In Ayurveda, systemic lupus erythematosus (SLE) is likened to Gambheera vatarakta, as the symptoms closely resemble those of SLE<sup>(3)</sup>. Vatarakta is a disorder resulting from the imbalance of Vata and Rakta due to various factors. Dietary and lifestyle factors causing Vata imbalance lead to the obstruction of Vata in the circulatory system, resulting in Vatarakta. There are two types of Vatarakta: Uthana vatarakta, affecting superficial tissues

with symptoms like skin and joint issues, and Gambheera vatarakta, a more severe stage impacting deeper tissues, including blood, bones, and joints. Gambheera vatarakta is characterized by systemic illness and joint pathology. The primary Dosha involved is Vata, and the affected tissues include Rasa, Rakta, Mamsa, and Twak. Ayurvedic treatments, including Panchakarma procedures and internal medicines, are considered effective for managing this condition <sup>(4) (5)</sup>.

Aim and Objectives:

- 1) To determine the efficacy of combining Ayurvedic treatment with modern medicine in treating systemic lupus erythematosus (SLE).

Patient's Information and Clinical Findings.

A 26 years old female patient came with the following complaints and got admitted in panchakarma department for Ayurvedic treatment.

Informed written consent was taken from patient before the start of study.

Table no. 01 – Complaints of the patient:

Sr. no	Complaints of patient	Duration
1	Ubhay jaanu sandhi shool,shoth and graha( both knee joints pain, swelling and stiffness.)	8 years
2	Ubhya manibandh sandhi shool, shoth and graham. (Both wrist joints pain, swelling and stiffness.)	8 years
3	Ubhya parva sandhi shool, shoth and graham. (Both carpal-metacarpal joints pain, swelling and stiffness.)	8 years
4	Ubhya gulfa sandhi shool, shoth and graham. (Both ankle joints pain, swelling and stiffness.)	8 years
5	Amlapitta, shirshool ( hyperacidity, headache)	4 years
6	Brama prachiti (vertigo)	6 years

- Past history:

Patient had history of fever 7 years back and when tested she had tuberculosis. After that above symptoms started and then the patient had ANA test which was positive. The patient was diagnosed to have SLE.

- Modern Medications :
  - a. Tab Folitrax 20mg (weekly once)
  - b. Tab Folvite 5mg OD (weekly once)
  - c. Tab HCQs 300 mg HS (daily )
  - d. Tab wysolone 5mg BD (1-1/2)

The above medications were gradually tapered down.

- Vaiyaktik vrittant :

Aaharj hetu : Ushapana – daily 1 glass of lukewarm water.

Viruddhashana , guru aahara, junk food, amla padarth sevana, bakery products.

Vihara : Sitting job since 4 years, daily 12-13 hours, Travelling.

On examination the patient was found to have pitta pradhan prakruti, the voice was clear and the tongue was coated and vision was clear. The patient had Madhyam (medium) Sara (purest body tissue), avara Samhanana (medium body built), Sama Pramana (normal body proportion), Madhyam Satmya (homologation), Madhyam Satva (mental strength), Avara Vyayamshakti (least capability to carry on physical activities) Madhyam Aharshakti and Jaranshakti (medium food intake and digestive power). Mala and mutra vega were prakrut (normal).

#### Materials and Methods:

Table no. 02 Chikitsa

Sr. No	Shaman chikitsa	Snehapana	Shodhana/Panchakarma	Rasayana
1	Bruhatvaatchintamani 250mg BD - 2 months	Started from 4 <sup>th</sup> day of admission.	Sarvang abhyang -amrutadi tail - 9 Stahnik panda swedana - bala pottali (sarva dusta sandhi) – 9	After shodhana treatment and during discharge rasayan was given
2	Sukumar kashaya 20 ml BD- 2 months	Day 1- Dadimadi ghrita - 30 ml	Anuvaasan basti started with snehapana Day 1 - ksheerbala tail 40 ml + dadimadi ghrita 40 ml	Vardhana pippali rasayan 1-21-1 With milk- 42 days
3	After shodhana karma, dose tapered to OD	Day 2 - 60 ml	Day 2 - same as day 1	
4		Day 3 - 90 ml	Day 3 - same as day 1	
5		Day 4 - 120 ml	Day 4 - ksheerbala tail 60 ml + dadimadi ghrita 60ml	
6			Day 5 - bruhat erandmooladi niruh 640 ml (without goumutra) Anuvaasan - ksheerbala tail 40 ml + dadimadi ghrita 40 ml	
7			Day 6 - same as day 5	
8			Day 7 - ksheerbala tail 40 ml + dadimadi ghrita 40ml	

- Patient got admitted on 1/11/2021 and was taking shaman chikitsa since 2 months and continued the same treatment after admission also.
- Virechan was planned for kostha shuddhi and so snehapana was going to be started.
- From day 1 of admission sarvang abhyang with amrutadi tail and sthanik pinda swedana with bala pottali on all affected joints was started along with strict diet regimen.
- After kostha, agni and naadi parikshan snehapana was started from day 4 with dadimadi ghrita -30 ml taken at 7 am followed by panchakarma and after shudha prachiti and intake of food anuvaasan basti with ksheerbala tail 40 ml and dadimadi ghrita 40 ml was administered with the purpose of external snehana along with internal snehana.
- According to timings of shudha prachiti and kostha, naadi parikshan snehapana matra and anuvaasan matra was decided on daily basis.
- On 4<sup>th</sup> day after examination of kostha and naadi it was found out that maximum doshas were washed out of the body by anuvaasan basti and very little doshas were remaining which could be eliminated outside the body through application of niruh basti.
- On 5<sup>th</sup> day, in the morning niruh basti of bruhat erandmooladi 640 ml was administered and in the evening anuvaasan basti was given to pacify the vaat dosha.
- On 6<sup>th</sup> day after examination of kostha it was seen that there was need of one more niruh basti which was given followed by anuvaasan basti in the evening.
- On the day of discharge, rasayana was given with vardhamana pippali 1-21-1 with milk and almonds.

#### Discussion:

##### Discussion on disease:

Systemic Lupus Erythematosus (SLE) is a rare autoimmune disease causing inflammation and tissue damage in various organs, predominantly in women of childbearing age. It involves the production of autoantibodies targeting the body's tissues, leading to inflammation. Key factors include genetic susceptibility, environmental triggers like UV light and infections, higher prevalence in females, especially during childbearing years, and an abnormal immune response to infections. Collaboration with healthcare professionals is crucial for accurate diagnosis and effective management, usually involving medications to control inflammation and manage symptoms.

The symptoms of Vatarakta encompass various manifestations affecting different parts of the body, including Jwara (fever), Trushna (thirst), Shyava-Tamra Twak (discoloration of the skin in reddish-brown tones), Shotha (swelling), Sandhi Daha-Toda-Sphurana (burning sensation, pain, and twitching in the joints), Raga Paka Bheda (change in urine color), Kandu (itching), Kledayukta Shotha (swelling associated with wetness), Vedana Yukta Sandhi Shotha (painful swelling in the joints), Sphota (bursting pain), Shwasa (difficulty in breathing), and others<sup>(6)</sup>.

Due to the similarities in signs, symptoms, and the involvement of specific anatomical locations (Sthana) such as the skin, connective tissue, renal system, lungs, etc., along with the consideration of Dosha, the treatment approach for Vatarakta is tailored accordingly. Emphasis is placed on the adoption of a treatment protocol that prioritizes Basti Chikitsa, which is regarded as the most effective method for addressing Vatarakta <sup>(7)</sup>.

## Discussion on Treatment:

Brihat Vata Chintamani Rasa<sup>(8)</sup> is designed to target conditions within the spectrum of Vataroga, offering a range of properties such as cognitive enhancement, rejuvenation, scraping, strengthening, anti-wasting, vitality-boosting, and the ability to enhance the effects of other substances. This formulation not only facilitates protein scavenging and exhibits anti-inflammatory characteristics but also effectively hinders neurodegenerative activities. Additionally, its noteworthy feature includes the capability to traverse the blood-brain barrier, amplifying its efficacy in addressing nervous system-related conditions.

In Sukumaram kashayam<sup>(9)</sup> majority of ingredients are having Madhura rasa, Ushna veerya and Snigdha guna and hence these can normalise the vitiated vata. Dashamoola is the other main ingredient in Sukumaram kashayam, and it is Anulomana, Vata kapha hara, and Sothahara. So it helps in bringing back the normalcy of Vata Gathi. Moreover many of the ingredients are Tridosahara, Anulomana, Sothahara, Garbhashaya Shodhana, and Rasayana.

Abhyang was done with Amrutadi tail which itself comes in vaatrakta chikitsa adhyay of charak samhita. It is used in rheumatoid arthritis, sensation of heat, pain and troubles due to pitta provocation<sup>(10)</sup>.

Sthanik pinda sweda was done with bala pottali which has properties like vata shaman, strengthens muscles and tissues and has bruhan and balya action.

Along with sarvang abhyang and pinda swedana, Niruh basti with bruhat erandmooladi and Anuvaasan basti with dadimadi ghrita and ksheerbala tail was administered. Erandamooladi Niruha Basti<sup>(11)</sup> is specially indicated for condition like pain in low back, thigh, and feet as well as for correction of vitiated Vata and also enhances appetite and improves digestion.

Anuvaasan basti was given with dadimadi ghrita<sup>(12)</sup> and ksheerbala tail<sup>(13)</sup>. Dadimadi ghrita contains Dadima, Dhanyaka, Chitraka, Shunthi, Pippali and Gritha. It is Tridosahara, it has qualities such as Deepana, Pachana, Raktavardaka, so helps in proper digestion and increases Raktha. All the three ingredients in ksheer bala i.e Bala, Ksheera, and Til taila possess Madhura rasa and vipaka. Madhura rasa mitigates vata and pitta dosha, dhatunam prabalam, tarpayati and jeevayati. Tila taila possess tikta rasa, most effective in mitigating pitta and kapha dosha in addition to madhura rasa Tikta rasa is effective in Murcha prashamana, medhya, ushna veerya of tila taila reduces Vata and kapha. The presence of antioxidants prevents the possible damage of neurons.

Snehapana mainly helps in proper gati of vata, does vatanuloman and also brings softness to the body, helps in removing mala sanga, it causes utkleshana (precipitation or separation) of doshas from all body channels and then easily removed outside the body from nearest route.

Vardhaman pippali rasayana<sup>(14)</sup>: rejuvenates and strengthens the tissues, provides immunity.

## Role of Basti:

The therapeutic procedure known as Basti, a medicated enema in Ayurveda, is regarded as highly beneficial and a key treatment for various Vata-related disorders. It is particularly acclaimed for its effectiveness in treating Vatarakta (gout), drawing vitiated Doshas from the entire body through its potent Veerya, akin to the sun extracting moisture from the earth. The Basti's sharp quality (Tikshna Guna) is instrumental in overcoming channel obstructions (Sroto Dushti), and the absorption in the large and small intestines is facilitated by the substances' light (Laghu), hot (Ushna), sharp (Tikshna), and dry (Ruksha) characteristics. Ultimately, these properties work together to break obstructions and expel morbid Dosha throughout the body.

### Conclusion:

Systemic Lupus Erythematosus (SLE) is a persistent autoimmune inflammatory condition that can impact various systems within the body. In Ayurvedic terms, its correlation with Vatarakta is identified based on the involved Doshas and the Adhithana (site) of the Vyadhi (disease). The use of Bruhat erandmooladi niruh basti and anuvaasana basti, along with additional external treatments, has proven beneficial in achieving Srotoshuddhi (cleanse of channels), Raktaprasadana (purification of blood), and the expulsion of Dosha, contributing to the management of SLE.

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