



EXPLORATORY STUDY ON THE EFFICACY OF AN AYURVEDIC THERAPY IN SYSTEMIC LUPUS ERYTHEMATOSUS (RAKTADHIKA VATARAKTA)

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ABSTRACT

Systemic Lupus Erythematosus (SLE) is a systemic autoimmune disease that most often harms the heart, joints, skin, lungs, blood vessels, liver, kidneys, and nervous system. As occurs in other autoimmune diseases, the immune system attacks the body's cells and tissue, resulting in inflammation and tissue damage. The course of the disease is unpredictable, with periods of illness called flares alternating with remissions. Due to the close similarity of its symptoms, this disease is compared to Raktadhika Vatarakta. Vatarakta is considered to be the finest illustration of Avarana Vyadhi. Right from its etiopathogenesis to its complications, the illness follows the characteristic presentation of Avarana. Due to indulgence in ahara and vihara that causes the vitiation of Vata dosha and Rakta dhatu, there occurs marga avarodha of vata by dushita Rakta. This leads to further vitiation of Vata dosha which in turn vitiates rakta dhatu further more to result in the lakshana utpatti of Vatarakta. Basti karma (medicated enema therapy) using Guduchi (*Tinospora cordifolia* Linn.) Ksheera showed marked improvement in the cardinal features like pain, oral ulcers, malar rash etc. in SLE by improving the Vyadhikshamatva and thereby offering a better solution to the immune related problems.

Keywords: systemic lupus erythematosus, raktadhika vatarakta, basti karma, guduchi ksheera vasthi, vyadhikshamatva, vatarakta.

INTRODUCTION

Rheumatologic disorders are probably the most common ailments affecting mankind. In India at any period of time, 8-9 % of adults suffer from one or the other of Rheumatologic disorders. Systemic Lupus Erythematosus (SLE) is an inflammatory disease of Auto immune nature involving the connective tissues of several organ systems and associated with a variable course. The disease can occur at any age, and is most common in women, particularly of non-European descent. About 90 % of SLE sufferers are women while about 10 % are men and children. The concept of Avarana is a unique approach of Ayurvedic system. Vatarakta is the result of avarana of vata dosha by rakta dhatu. The disease Vatarakta affects persons of all races in all climates, occurring in 1-3 % of adult population. According to various studies conducted so far, this is common in people who expose themselves to heavy labor and nutritional deficiencies. The exact cause of vatarakta is still obscure and hence no specific treatment could be evolved. Due to the close similarity of the symptoms, SLE is compared to Raktadhika Vatarakta. Any contribution to the knowledge of its treatment would be of great value and an immense help to the suffering humanity. Hence this research activity was conducted to evaluate the effectiveness of Guduchi Ksheera Vasti in Raktadhika Vatarakta with special reference to SLE.

MATERIALS AND METHODS

Objective

To assess the efficacy of Guduchi Ksheera Vasti in Raktadhika Vatarakta with special reference to SLE.

Source of the data

Patients were selected from the inpatient department of Sri Sarada Ayurvedic Hospital, Derisanamcope, Kanyakumari District, Tamil Nadu state, India, irrespective of sex, religion, caste and occupation who fulfilled the below criteria.

Method of Collection of Data

Diagnostic criteria

The patients having polyarthralgia with oral ulcers, photosensitivity, fever, malar rash, oral ulcers, photosensitivity, fever, renal involvement and lung involvement with a positive ANA (anti nuclear antibody) and ds DNA test.

Inclusion criteria

The patients of age between 18-50 years diagnosed with SLE and suffering from multiple joint pain, associated with any fever, skin rashes, photosensitivity, oral ulcers etc with a positive ANA test and in whom Vasti (medicated enema) can be administered.

Exclusion criteria

The patients having gross deformities, with other systemic disorders or pregnant females and those who are unfit for Vasti

Research design

The selected 15 patients of SLE were taken for clinical trial was given treatment for 30 days.

Method of preparation of Guduchi Ksheera Vasti

Ksheera vasti is one among the Prasrita yogika vastis described in Siddhi sthana of Charaka Samhita.¹ It is mridu Niruha vasti, indicated for Sukumara, who are exhausted by work and for those whom vamanadi karmas are contraindicated.

The contents and quantity of the Ksheera vasti: shown in Table 1.

Table 1: Contents and quantity of Ksheera Vasthi

Ingredients	Dose
Makshika	100 ml
Sneha – Ghrita	100 ml
– Taila	100 ml
Ksheera kashaya	200 ml
Total (approximately)	500 ml

Assessment criteria

Patients were observed before and 30 days after the yoga vasti schedule and the observations are as follows. Depending on the relief from the above mentioned symptoms, patients are divided into 4 categories as follows

- Excellent – patients who got > 75 % relief
- Marked relief – 51 – 75 % relief
- Moderate improvement – 25 – 50 % relief
- No relief – < 25 % relief

OBSERVATIONS AND RESULTS

It has been detailed in Table 2 and Table 3. The result of the therapy is shown in Graph 1.

DISCUSSION

As per Ayurvedic classics, utthana variety of vatarakta has to be treated with: Alepana (application of medicated pastes), Abhyanga (massage), Parisheka (pouring of medicated decoction over body), and Upanaha (application of hot poultice). Whereas, Gambhira variety has to be treated with, Virechana (purgation), Asthapana vasti (decoction enema), Snehapana (intake of medicated oils or ghee).² In case of Vatarakta, the effect of chikitsa is found from – the relief of pain and swelling, relief of stiffness, restoration of movement, increase of muscle strength and improvement of general health and resistance. We are incorporating SLE under Raktadhika Vatarakta due to its similarity in the exhibition of clinical features. According to Acharya Charaka, Raktadhika vatarakta has to be treated with³, Virechana (purgation), Ghrita ksheera pana (intake of medicated ghee or milk), Seka (pouring of medicated decoctions over body), Vasti (medicated enema) and Sheeta nirvapana (application of pastes for cooling). Since the disease falls into the category of Gambhira vatarakta and Madyama rogamarga, no other treatment equalizes vasti in tackling the disease. Guduchi is mentioned as the Agyoushadhi for Vatarakta as per classics.⁴ considering all the above facts, Guduchi Ksheera Vasti is chosen as the main treatment for SLE in this study. SLE is more common in women of child bearing ages, even though it can occur in any age, in both sexes. The universal trend of the disease reveals that it is common in people of non European descends. It is an autoimmune disorder with its causes still remaining hidden. Vatarakta is considered to be the finest illustration of Avarana Vyadhi. Right from its etiopathogenesis to its complications, the illness follows the characteristic presentation of Avarana. Due to indulgence in ahara and

vihara that causes the vitiation of Vata dosha and Rakta dhatu, there occurs marga avarodha of vata by dushita Rakta. This leads to further vitiation of Vata dosha which in turn vitiates rakta dhatu further more to result in the lakshana utpatti of Vatarakta. In this study, the patients with Systemic Lupus Erythematosus were treated with the treatment modalities mentioned for Vatarakta, as both the diseases showed many similarities. From the vast collection of treatment modalities mentioned for Vatarakta in the Ayurvedic classics, only a few were selected for this study. This explains the reason for avoiding 'Raktamokshana' even though it is considered as an important treatment for Vatarakta. Vasti being the prime treatment and Guduchi the Agyoushadhi for this disease, Guduchi Ksheera vasti is chosen as the main treatment measure. Ksheera vasti as indicated in Charaka Samhita Siddhi sthana is the best for sukumaras and abalas. It is also told as vatahara, balya and varnya which satisfy the goal of the treatment. In the first stage, the patients who exhibited Jvara, Vibandha etc were treated with Amritotharam kashayam and Shaddharanam tablet for Amapachana and Agni deepana. The other category with nirama avastha was given Vata pitta shamana treatment with Vidaryadi kashayam and Kaisora guggulu. Brihatyadi Paneeyam was given to both the groups. Both the sects were made to undergo Dasamoola Ksheera dhara for Sadyo shoola nivananam. As the treatment progressed to the 2nd stage, Snehapana was carried out with Mahatiktaka ghritam. Externally Jambeera Pinda Swedam and Lepam with Eranda beejam ground with milk was done. Ksheera yukta virechana was done with Nimbamrita Erandam at around 9.15 am as the 3rd phase of treatment. 4th phase witnessed the administration of Vata Pittahara, Rakta prasadaka, Panduhara chikitsa incorporated with the administration of Guduchi Ksheera Vasti planned on alternate days of Pizhichil and Matra vasti with Madhuyashtyadi tailam. 5th phase being the last was done with a Dasamoola Ksheeradhara as a Shramahara measure. While discharging, the patients were advised to take Chyavanaprasam, Guduchi ksheera kashayam and Madhuyashtyadi tailam as a part of Rasayana therapy. Patients were asked to continue the medications for a period of one month and come for review. Along with medications, a healthy diet too was advised to prevent the relapse.

Treatment modalities adopted (internal and external)**Phase 1 - Agni deepana, ama pachana, vata pitta shamana**

Internally: Vidaryadi kashaya⁵ (60 ml twice a day after food), Amritotharam kashaya⁶ (60 ml twice a day after food), Shaddharanam tab⁷ (2 tablets twice a day after food), Kaisora guggulu⁸ (2 tablets twice a day after food) and Brihatyadi paneeya⁹ (500 ml per day)

Externally: Dasamoola ksheera dhara¹⁰ and Lepa with Eranda beeja ground with milk¹¹

Phase 2

Internally: Vidaryadi kashaya (60 ml twice a day after food), Guduchyadi kashaya¹² (60 ml twice a day after food), Kaisora guggulu (2 tablets twice a day after food), Brihatyadi paneeya (500 ml per day) and Mahatiktaka ghrita¹ (1 tsp with milk at bedtime)

Externally: Jambeera pinda sweda.

Phase 3

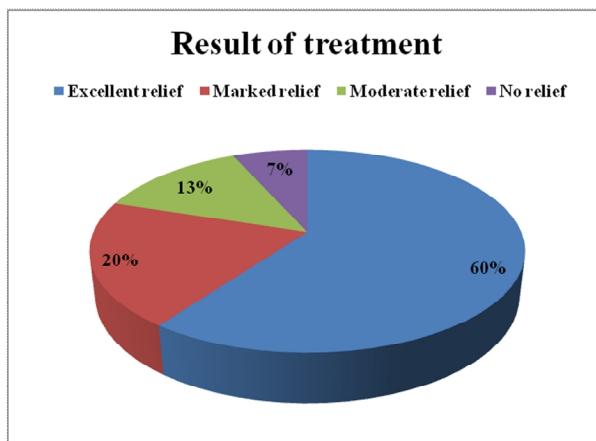
Virechana with Nimbamrita eranda and milk at Kapha jeerna kala¹⁴

Table 2: Observations for the first seven patients

S. No	1	2	3	4	5	6	7
Op No	61498	100660	110703	110869	122286	130902	131157
Personal history							
Age	48	48	28	23	37	45	50
Sex	F	F	F	F	F	F	F
Occupation	Housewife	Accountant	Typist	Student	Housewife	Housewife	Housewife
Prakruti	VP	VP	PK	PK	VP	PK	VP
Appetite	Normal	Poor	Normal	Poor	Poor	Normal	Normal
Bowels	Normal	Hard	Normal	Hard	Hard	Normal	Normal
Micturition	Normal	Burning	Normal	Normal	Burning	Normal	Normal
Symptoms							
Polyarthralgia with duration	Since 5 years	Since 3 years	Since 1 year	Since 4 months	Since 1 year	Since 10 years	Since 7 years
Malar rash (rash on cheeks)	+	+	+	--	+	+	+
Oral ulcers (oral or nasopharyngeal ulcers)	+	+	--	+	--	+	+
Photosensitivity (flare ups of rashes on exposure to ultraviolet rays)	+	--	+	+	--	+	+
Fever	--	+	--	+	+	--	--
Renal involvement	+	--	+	--	--	--	--
Lung involvement	+	+	--	+	--	--	+
Laboratory tests							
Hb	8.0 g/dl	9.8 g/dl	7.4 g/dl	7.8 g/dl	9.8 g/dl	14.5 g/dl	9.7 g/dl
ESR 30 min/1h	60/130	50/110	50/130	52/120	20/52	28/65	20/46
RA factor	-ve	+ve	+ve	+ve	+ve	-ve	+ve
CRP	+ve	+ve	+ve	+ve	+ve	-ve	+ve
ANA	+ve	+ve	+ve	+ve	+ve	+ve	+ve
ds DNA	+ve	+ve	+ve	+ve	+ve	+ve	+ve

Table 3: Observations for the last eight patients

S. No	8	9	10	11	12	13	14	15
Op No	133396	134883	138855	141923	145695	147549	148945	150460
Personal history								
Age	34	18	48	32	50	28	36	41
Sex	F	F	F	F	F	F	F	F
Occupation	Teacher	Student	Housewife	Tailor	Housewife	Teacher	Sales girl	Housewife
Prakruti	PK	PK	VP	VP	PK	VP	VP	VK
Appetite	Poor	Poor	Poor	Normal	Normal	Poor	Normal	Poor
Bowels	Hard	Hard	Hard	Normal	Normal	Normal	Normal	Hard
Micturition	Burning	Burning	Normal	Normal	Normal	Normal	Normal	Burning
Symptoms								
Polyarthralgia with duration	Since 2 months	Since 2 years	Since 5 years	Since 8 months	Since 8 years	Since 2 years	Since 3 years	Since 6 years
Malar rash	+	+	+	--	+	--	+	+
Oral ulcers	+	--	+	+	--	+	+	+
Photosensitivity	+	+	+	+	+	+	--	+
Fever	+	+	+	--	--	+	--	+
Renal involvement	+	--	+	--	--	--	--	--
Lung involvement	--	--	+	--	--	+	--	--
Laboratory tests								
Hb	8.08	10.2	12.4	9.7	10.8	10.7	9.2	11.3
ESR 30 min/1h	52/122	38/90	40/86	32/70	20/58	44/96	34/72	30/43
RA factor	-ve	+ve	-ve	+ve	-ve	+ve	+ve	+ve
ANA	+ve	+ve	+ve	+ve	+ve	+ve	+ve	+ve
ds DNA	+ve	+ve	+ve	+ve	+ve	+ve	+ve	+ve



Graph 1: Overall result of the therapy

Phase 4

Internally

Manjishtadi kashaya¹⁵ (60 ml twice a day after food), Kaisora guggulu (2 tablets twice a day after food), Triphala ayolepa¹⁴ (½ tsp with buttermilk twice a day after food), and Brihatyadi paneeyam (500 ml per day)

Externally

Guduchi ksheera vasti and Pizhichil with Pinda taila¹⁰ + Madhuyashtyadi taila and Anuvasana vasti with Madhuyashtyadi taila on alternate days of vasti

Phase 5

Externally

Dasamoola ksheera dhara

Medicines advised on discharge

Guduchi ksheera kashaya (100 ml at night after food), Chyavanaprasa¹⁶ (1 tsp twice a day after food) and Madhuyashtyadi taila (for external application)

Diet during the course of treatment

The patients were given soft, oil free, less spicy and easily digestible food. The vegetables like snake gourd, bottle gourd, fruits like apple, pomegranate were also given. On the day of Virechana, rice gruel prepared with milk was given, as the patient developed good appetite after proper evacuation of Vegas.


CONCLUSION

Systemic Lupus Erythematosus is a disease with immunological alterations and Guduchi Ksheera vasti showed marked improvement in the cardinal features like pain, oral ulcers, malar rash etc. The Rasayana done after shodhana produces healthier dhatus in the presence of Agni, and thus improves the Vyadhikshamatva of the individual. Thus Ayurveda will be able to offer a better solution to the immune related problems.

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