



## Case Study

### CLASSICAL ASHTAVAIDYAN AYURVEDIC THERAPY IN THE FUNCTIONAL IMPROVEMENT OF PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: CASE STUDY

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#### ABSTRACT

**Background:** Systemic lupus erythematosus is a systemic auto immune connective tissue disease that can affect any part of the body. The disease has no direct reference in Ayurvedic texts. Considering the symptomatology, it can be compared with *Upadrava* of *Vatarakta*. **Methodology:** In this study, 3 patients (age group between 15– 60 yrs) diagnosed SLE with the help of ACR criteria after assessing both objective and subjective parameters have undergone the prescribed classical Ayurvedic treatments, in both IP and OP level to evaluate its effect in the functional improvement. The study period was totally 57 days which included 21 days each at inpatient and outpatient basis and 15 days of follow up. Initially *Sathaila Shastika Pinda Sweda* was done for first 7 days followed by *Takradhara* for another 7 days. Consecutively *Abhyanga* with *Pinda taila* and *Thalam* with *Amalaki* were done for next 7 days. Then treatment was done on OP basis with internal medicines. **Result:** Results shows that the prescribed Ayurvedic treatments helped to control the progressive signs and symptoms. The quality of life and range of movements of the affected joints improved. Major difference showing a good improvement in carrying out the day today life activities was noted. **Conclusion:** Traditional Ashtavaidyan Ayurveda therapy is found effective in controlling the progressive symptoms of patients and improvement in functional ability of the patients with SLE. More over there was no adverse drug reaction recorded during as well there was significant change observed in liver and renal function tests. This indicates that the therapy is safe without producing any complication or side effects.

**KEYWORDS:** SLE, *Vatarakta*, *Sathaila Shastika pinda sweda*, *Takradhara*, *Abhyanga* with *Pinda thaila*, *Amalaki Thalam*.

#### INTRODUCTION

Systemic Lupus Erythematosus (SLE) is an autoimmune disease in which organs, tissues and cells undergo damage, mediated by tissue binding auto antibodies and immune complexes.<sup>[1]</sup> the immune system attacks body cells and tissues, resulting in inflammation and eventual tissue or organ damage. SLE affects heart, joints, skin, lungs, blood vessels, liver, kidney and nervous system. SLE is diagnosed in approximately 20 to 150 persons per 100,000. Some 90% of affected patients are female and the peak age at onset is between 20 and 30 years.<sup>[2]</sup> Etiology is unknown. Most probable causes are genetic influence, hormonal imbalance, environmental factors and certain medications. SLE is a relapsing and remitting disease, and treatment aims are threefold managing acute periods of potentially life threatening ill health, minimizing the

risk flares during periods of relative stability and controlling the less life threatening, but often incapacitating day to day symptoms. Nowadays SLE is no longer considered to be a rare disease and there are likely a number of patients who remain undiagnosed or experience significant diagnostic delays.

SLE can be included under the purview of *Vatarakta*. Due to the close similarity of its symptoms, this disease is compared to *Raktadhika Vatarakta*.<sup>[3]</sup> Due to the indulgence in *Ahara* and *Vihara* that causes vitiation of *Vata dosha* and *Rakta Dhatu*, there occurs *Margavarodha* of *Vata* by *Dushita Rakta*. This leads to further vitiation of *Rakta dhatu* resulting in the manifestation of *vatarakta*.<sup>[4]</sup> *Vata* is the main *Dosha* and *Dooshyas* are *Rasa, Rakta, Mamsa* and *Twak*.

The most common manifestations include rash, arthritis and fatigue. The diagnosing signs and symptoms according to American College of Rheumatology (ACR) are malar rash, discoid rash, serositis, oral ulcers, arthritis, photo sensitivity, blood problems (leukopenia), renal failure, ANA (+), immunologic problems, neurological problems (cerebritis). It will gradually results in serious systemic life threatening complications like nephritis, neurological problems, anemia and thrombocytopenia. The clinical profile is often challenging as the disease can be unpredictable, affecting various organs with variable degree of severity.

Traditional practice of *Ashtavaidyan* line of management has been validated clinically in SLE. In this study a combined treatment with internal and external procedures has been taken up to evaluate the efficacy and safety in this disease. The study period was totally 57 days which included 21 days each at inpatient and outpatient basis and 15 days of follow up. Initially *Sathaila Shastika shali pinda sweda* was done for first 7 days followed by *Takradhara* for another 7 days. Consecutively *Abhyanga* with *Pinda Taila* and *Thalam* with *Amalaki* were done for next 7 days. Internal medicines were *Dasamoolahareetaki Lehyam*, *Shatavareechinnaruhadi Kashaya*, *Punarnavayolepa choorna*, *Bruhath Nayopayam Kashaya*. Then treatment was done on OP basis with internal medicines for another 21 days. During this period, *Balaguluchyadi Taila* for head was used and then 15 days of follow up was done.

#### Case no 1

A 29 year old woman presented with symmetrical polyarthritis severely in elbow, knee and interphalangeal joints. Along with these complaints she has reported black discoloration on the exposed body parts, photosensitivity,

#### Treatment done

erythematous rashes over the body and mouth ulcers. According to ACR criteria, 4 symptoms were present and there was no complication or any systemic involvement. The doctor diagnosed the disease as SLE and NSAID has been started. Since no considerable relief was noted she approached for Ayurvedic treatment. ESR- 30, Hb%-10 gm, ANA highly positive (1.4), ASO - 51, RA factor - 167, renal and liver function tests were within normal limits. X-ray showed no obvious pathology.

#### Case no 2

A 33 year old woman presented with multiple joints pain associated with swelling in knee joints ankle joints and inter-phalangeal joints symmetrically since 3 years. Associated with the above symptoms she also complained of gastritis and fatigue. She was advised to take internal medicine which includes analgesics, NSAID and deflazacort 6 mg tablet daily. There was only slight relief and the pain in joint, swelling and fatigue persisted. No considerable improvements were noted hence she approached for Ayurvedic treatments. Blood investigations showed that ANA 3.7 indicating highly positive.

#### Case no 3

24 yrs married woman presented with multiple joint pain associated with swelling, tenderness, difficulty to move, general malaise, feverish feeling and photosensitivity. The symptoms developed after delivery. She took steroids (wyslone 5mg/daily), immunosuppressants, HCQS tablet daily, the symptoms subsided but the pain in the multiple joint persisted. Blood investigations report showed Hb -11.2%, ANA test - 63( highly positive >60) Anti ds DNA - positive, liver function test, renal function test, CRP, ASO was within normal limits.

**Table 1: Ashtavaidyan Ayurvedic Treatment Protocol**

| Internal                                                                           |                |                   |             |    | External                    |                                      |                   |    |
|------------------------------------------------------------------------------------|----------------|-------------------|-------------|----|-----------------------------|--------------------------------------|-------------------|----|
| Medicine                                                                           | Dose           | Time              | No. of Days |    | Procedure                   | Drug                                 | No. of Days       |    |
|                                                                                    |                |                   | IP          | OP |                             |                                      | IP                | OP |
| <i>Dasamoolahareetaki lehyam</i> followed by <i>Shatavareechinnaruhadi Kashaya</i> | 10 gm<br>15 ml | 6am<br>and<br>6pm | 21          | 21 | <i>Sathaila Navarakizhi</i> | <i>Pinda Taila</i>                   | 1 <sup>st</sup> 7 |    |
| <i>Punarnavayolepa choorna</i>                                                     | 10 gm          | 6am<br>and<br>6pm |             |    | <i>Takradhara</i>           | <i>Panchagandha, Amalaki, Mustha</i> | 8-14              |    |
| <i>Bruhath Nayopayam kashaya</i>                                                   | 15 ml          | Once<br>per day   | 21          | 21 | <i>Abhyanga</i>             | <i>Pinda Taila</i>                   | 15-21             | 21 |
|                                                                                    |                |                   |             |    | <i>Thala</i>                | <i>Amalaki</i>                       | 15-21             |    |
|                                                                                    |                |                   |             |    | Head oil                    | <i>Balaguluchyadi taila</i>          | 21                | 21 |

The study period was totally 57 days. The course of treatment includes both inpatient and outpatient level. Initially *Sathaila Shastikashali pinda sweda* was done for first 7 days followed by *Takradhara* for another 7 days. Consecutively *Abhyanga* with *Pinda thaila* and *Thalam* with *Amalaki* were done for next 7 days. Then treatment was done on OP basis with internal medicines. During this period, *Balaguluchyadi Taila* for head was used. The follow up for the completed cases were done for a period of 15 days.

The raw materials of trial medicines were identified and authenticated and undergone strict quality control evaluation as per the procedures described in Ayurvedic Formulary of India in the laboratory of CARE Keralam. Trial medicine was prepared in the Vaidyaratnam Oushadhasala Pvt. Ltd. which is GMP certified Ayurveda pharmacy. Primary outcome was the functional improvement of patients.

Assessment was done before treatment on screening day /1<sup>st</sup> day, 21<sup>st</sup> day and 42<sup>nd</sup> day and follow up on 57<sup>th</sup> day or as an when required.

Laboratory investigation was done for all the patients at baseline and after the full course of the study. This includes ANA test, RA factor, CRP, ASO, routine haemogram, urine routine, LFT and RFT. X-ray of affected joint was also done. The functional improvement was noted by using the parameters DAS score, SF-36, General health and disability index.

### Observations and results

The lab investigations and criteria for assessment of the response of the treatment, functional ability regained by the patients, SF 36 score, Das 28 score, General health and Disability index were recorded before treatment and after treatment.

This showed a major difference showing a good improvement in carrying out the day today life activities. It was observed that the pain, tenderness and swelling reduced considerably after the course of treatment. The quality of life and range of movements of the affected joints improved.

The assessment of response of treatment was done based on the changes in the symptomatology. In the first case, general planned protocol was carried out in the patient. During the course of *Takradhara* after 2 days the patient has felt severe weakness and gastritis. So the treatment was suspended for 2 days and the complaints were managed by internal medicines- *Vilwadi Gulika*, *Dhanwantari Gulika* and a combination of *Abhayarishtam* and *Puthikasavam*. *Laja Peya* was given as food. The pain, tenderness and swelling also reduced considerably after the course of treatment. The lab parameters have shown reduction in the values compared with pre treatment

period. ANA - 1 (1.4), CRP - 2.1 (9.2), RA factor - 106 (167), ESR - 30(28). The assessment of functional efficiency showed that SF score 615 (177.5), Das 28 score - 4.24 (6.25) General health - 60 (20), Disability index - 0.33 (1.83).

In the second case also, total of 42 days treatment was given to the patient out of which 21 days of IP treatments and 21 days of OP treatments was done. Since the patient complained of low back ache, *Matrabasti* with *Dhanwanthara Mezhu* was done weekly once. SF 36 score had good difference with 135.5 to 578 at the end of the treatments, the DAS score was 4.22 (5.74), general health 60 (30%), disability index 0.41 (1.5). Overall the patient felt 70 % (in patient words) relief for her complaints.

In the third case, the patient got good relief symptomatically. The pain in the multiple joints associated with swelling subsided completely. Occasional pain in the ankle still persisted when the patient stood for a longer duration, more on strain. Fatigue/ general malaise subsided. The assessment of functional efficacy showed that SF 36 score 611 (240), das score 3.47 (4.59), general health 80% (20), disability index 0.66 (1.75). All the parameters have shown encouraging results.

The patients completed the course of treatments without any adverse effects and complications. After the treatment, patients got considerable relief and able to carry out their daily activities.

### DISCUSSION

The presence of chief complaints at the baseline of treatments as per the criteria of diagnosis were pain in the joints, swelling and its percentage of occurrence were assessed periodically and found that all the parameters have been reduced significantly indicating effectiveness in controlling the progressive symptoms of the patients and improvement in functional ability of the patients.

The data derived from the statistical assessment of the response of the therapy clearly indicate that the prescribed method of management have highly significant in the management of SLE. The statistical analysis of the effect of the treatment has shown significant improvement in the functional ability of the patients also.

### Effectiveness

As discussed earlier, the symptoms and pathogenesis of SLE have similarities to the descriptions of *Raktadika Vatarakta* in Ayurveda. It is related with lifestyle of the person who indulges in improper ways of dietary, physical and mental activities that vitiate *Vata*, *Pitta* and *Rakta*. In this clinical study, the traditional practice of *Ashtavaidyan*

line of management has been tried to evaluate the effectiveness in SLE. The course of treatment included *Shashtika Pinda Sweda* (*Sathaila Navarakizhi*), *Takradara*, *Abhyanga* with *Pinda Thaila*, *Thalam* with *Amalaki* along with *Balaguluchyadi Thaila* for *Shirobhyanga*.

Therapy yielded significant improvement signs and symptoms which may be attributed to *Shashtika Shali Pindasweda*, which is mainly indicated in *Vatapitta* predominant conditions. In due course of clinical study, there was remarkable relief in the pain and swelling which may be due to *Pindathaila* which is known for its use in *Vatarakta*.<sup>[5]</sup> *DasamoolahareetakiLehyam*, *Shatavareechinnaruhadi kashayam*, *Punarnavayolepa choornam*, *Bruhath Nayopayam Kashaya* are used to reduce pain, inflammation and swelling since the combination has got anti-inflammatory and diuretic action. Overall the medicines have *Seetha*, *Vatanulomana*, *Srothosodhana*, *Rakthaprasadana*, *Sophagna* properties which are very essential in the management of *Vatarakta*.

#### CONCLUSION

Tradition Ashtavaidyan Ayurveda therapy is found effective in functional improvement of *Vatarakta* vis-à-vis SLE over a period of 42 days. Moreover, there was no adverse drug reaction recorded during as well there was significant change observed in liver and renal function tests. This indicates that the therapy is safe without producing any complication or side effects.

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