



Case Study

ROLE OF *BASTI* AND *SNEHANA PUTAPAKA* IN THE MANAGEMENT OF *SHUSHKAAKSHIPAKA* WITH RESPECT TO *SJOGREN'S SYNDROME*

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ABSTRACT

Sjogren's syndrome is an autoimmune disorder in which the immune system attacks the glands that make moisture in the eyes, mouth, and other parts of the body. The triad of Sjogren's syndrome consists of keratoconjunctivitis sicca (dry eye), xerostomia (dry mouth) and rheumatoid arthritis. From Ayurvedic perspective, the pathophysiology of Sjogren's shows *Vata dosha dushti* leading to *Sandhigata vikara*, *Roukshya* and *Shushkaakshipaka*. *Shushkaakshipaka* is a *Vata-pittaja*, *Sarvagata netra vikara* that matches the clinical picture of dry eyes disease. To control this *Prakupit vata dosha*; *Sanshodhan* and *Shaman* both are required. As a result, *Vata shodhana* was achieved by *Basti upakram* and *Basti pashchat Snehana Putapaka*, *Nasya* and *Snehapana* brought about *Vata shamana*. Patient's dryness of eyes was assessed using Schirmers test and Tear film Break up test. After treatment Schirmer's reading showed significant improvement from 2mm to 10mm and from 4mm to 8mm in right and left eye respectively. Other symptoms of patient like dryness of mouth and joint pain also reduced to a certain amount. This case report shows a classical Ayurvedic treatment protocol used to treat Sjogren's Syndrome.

INTRODUCTION

Primary Sjogren syndrome is a systemic autoimmune disorder commonly presenting with dryness (sicca) involving the eyes and mouth due to inflammation and resultant pathology of the lacrimal and salivary glands. This condition is frequently associated with other autoimmune disorders including rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE).^[1] Sjogren syndrome is managed by replacing moisture at affected glandular sites and diminishing the autoimmune response locally as well as systemically.

The term "keratoconjunctivitis sicca" was coined by Henrik Sjogren in 1933 to describe the ocular surface disease resulting from severe aqueous tear deficiency with concomitant dry mouth and frequent deforming arthritis. Dry eye or Keratoconjunctivitis sicca is characterized by inadequate tear film protection of the cornea because

of either inadequate tear production or abnormal tear film constitution, which results in excessively fast evaporation or premature destruction of the tear film.^[2]

The following are the most common complaints in patients who are experiencing keratitis sicca:^[3]

- Foreign body sensation and ocular dryness and grittiness, typically worse at the end of the day.
- Hyperemia
- Ocular irritation (exacerbated by smoky or dry environments, indoor heating systems, prolonged reading, or computer use).
- Excessive tearing (secondary to reflex secretion)

Shushkaakshipaka

Shushkaakshipaka is a *Vata-pittaja*, *Sarvagata netra vikara* that matches the clinical picture of dry eyes disease and can be called as a disease caused mainly due to increased *Rukshata* in eyes. This increased *Rukshata* due to *Dhula*, *dhuma*, *Raja sevan* and other *Samanya hetus* of *Netra rogas* leads to *Prakopa* of *Vata dosha* alone previously. However, as the *Hetu sevan* continues even *Pitta dosha* gets involved and results into a deeper *Dosha-dushti* involving all 5 *Mandalas* where in there is *Rukshata*

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along with inflammation, hence the name *Shushka-akshi-paka*.

Symptoms of *Shushkaakshipaka* as mentioned in our texts include: *Darun vartma*, *Ruksha vartma* (dryness of eyelids), *Avil darshan* (blurring of vision), *Gharsha*, (gritty feeling, foreign body sensation), *Toda*, *Bheda* (pricking pain in eyes), and *Kruchronmilan*, *Darun pratbodhan* (difficulty to open and close eyelids, friction in movement of eyelids).^[4]

Treatment: *Samhitas* mention oral as well as local treatment modalities for *Shushkaakshipaka*. Oral treatment includes *Ghrutpana* as first line of treatment.^[5] *Snehana*, *Swedana*, *Snigdha Nasya*, *Snehana Anjana*, *Tarpan*, *Putapaka* are some of local remedies that will decrease the *Rukshata* of ocular surface.^[6] Administration of *Ksheer Basti* in treatment of *Shushkaakshipaka* is also advised.^[7]

Taking the common factors of Sjogren's, rheumatic arthritis and *Shushkaakshipaka* into consideration, there can be seen severe *Vata dosha prakopa* and *Sthanasanshray* at *Sandhis*, *Netra* and *Mukha*. As a result, *Basti* being *Ardha chikitsa* and *Shresta vata dosha upakram*, *Yoga Basti Upakram* was planned as first line of treatment. Later local remedies such as *Nasya* and *Snehana Putapaka* along with *Abhyantar ghrutpana* helped in maintaining the ocular lubrication and tear film stability.

Case Report: A fully conscious, 45 year old female patient with known case of Sjogren's Syndrome came to Institute's OPD with complaints of severe dryness in eyes, burning sensation, grittiness in eyes and dryness of mouth. Patient also had mild body ache specially at knee joint.

Patient History

Patient was diagnosed with Sjogren's Disease at the age of 23. She was well until 22 years of age. She suddenly suffered from Vascular Purpura (boils) on legs with mild degree knee joint pain. Patient was also known case of varicose veins. There was also mild dryness of mouth. Later patient was diagnosed with Sjogren's Disease. Patient was treated with HCQs for joint pain for almost 5 years. Along with HCQ, patient had taken immune compressants and corticosteroids for around 10 years. However, patient's symptoms were not relieved. Meanwhile patient was also diagnosed with infertility and was taking treatment for the same. Later patient conceived twice, with history of Chicken pox during her second delivery. Patient had surgical history of painless delivery with epidural anesthesia.

Ocular Examination

OD OS

Visual acuity: 6/6 6/6 N6 c strain

Pinhole: 6/6 6/6

Slit lamp examination

Lid: normal, Corneal sensation: present, Sheen: Lusterless, Pupil: 2.5mm, Iris pupil: RRR, Conjunctiva: mild congestion.

Schirmer's test: RE 2mm, LE 4mm

Tear Film Break Up Test: RE 12sec LE 18 sec

Meibography: Rt loss of glands 46%, Lt loss of glands 44%

Other Systemic Symptoms

Severe dry eyes with gritty feeling, dryness of mouth. Patient was unable to eat even single bolus of food without 2-3 sips of water. Patient also had mild body ache and joint especially at knee joint.

Treatment Regimen

<i>Sarvadehik chikitsa (Basti)</i> Day 1 to day 8	<i>Sthanik chikitsa (Kriyakapla)</i> From day 9	<i>Abhyantar chikitsa (Snehapana)</i> from day 9
1) <i>Dashmool Tail Anuvasan Basti</i> on Day 1, 3, 5, 7, 8 2) <i>Erandamooladi Niruh Basti</i> on Day 2, 4, 6	1) <i>Nasya: Jivantyadi ghrut</i> 8/8 drops for 7 days 2) <i>Snehana Putapaka: Varahamamsadi snehana Putapaka</i> for 200 <i>matra</i> for 7 days.	<i>Jivantyadi ghrut</i> 2tsp, at night with warm water for 15 days.

Follow Up and Assessment

	Day 0		Day 8		Day 15		Day 28	
	Rt	Lt	Rt	Lt	Rt	Lt	Rt	Lt
Schirmer's test	2mm	4mm	5mm	3mm	8mm	8mm	10mm	8mm
Dryness of mouth	Present	Present	Present	Reduced	Reduced	Reduced	Reduced	Reduced
Visual Acuity	6/6	6/6	6/6	6/6	6/6	6/6	6/6	6/6
Gritty sensation	Present	Present	Present	Intensity reduced	Reduced	Reduced	Reduced	Reduced
Tear film break up	12sec	18sec	13sec	19sec	15sec	20sec	15sec	20sec

The frequency of drinking water after every bolus of meal due to dryness of mouth also decreased gradually. As the water intake during meal was more patient used to experience fullness of stomach with very minimum quantity of food. However, with little decrease in dryness of mouth, patient's food intake also increased to a certain amount.

DISCUSSION

Understanding Sjogren's Syndrome according to Ayurveda

Sjogren can be said a combination of *Sandhigata vata vikara* with *Shushkaakshipaka*. From Ayurvedic perspective, rheumatic arthritis can be compared with *Ama Vata*, however *Acharya Charak*, *Shushrut* and *Vagbhat* have not mentioned any such specific disease as *Amavata*. Therefore, taking *Bruhatrayi* into consideration, rheumatoid arthritis can be compared with a *Sandhi gata vata vikara* in which the *Dushit vata dosha* causes *Sandhi sthan vikruti*.^[8] The *Prakupit* or *Dushit vata dosha* will cause pain and degeneration of joints. Increased *Vata dosha* further causes *Kshaya* of *Kapha dosha* (*Shleshmik*) that is responsible for easy movements of joints. As a result, there are symptoms like *Sandhi shool*, *Akuncha prasaran ugra ruja*, *Sandhi rukshata*, *Sandhi sankoch* etc.^[8]

Along with *Toda*, *Bheda*, *Shula lakshanas*, the *Shloka* of *Vata vikara samanya lakshana* also mentions symptoms like *Nasa akshi jatru vikaras* that show multisystem involvement in later stage of *Vata vikara*.^[9]

शिरोवासाक्षिजत्रुणां ग्रीवायाश्चापि हुण्डनम्।

Snehana, *Swedana*, *Mrudu sanshodhan* are mentioned as *Vaat dosha upakram*.^[10] *Basti chikitsa* plays an important role in the treatment of *Vata vikara*. Among *Rasa*, *Madhur rasatmak ahara* and *Ushna vihara* is generally prescribed.

Shushkaakshipaka is mentioned under *Sarvagata netra vikara* which means the *Dosha dushti* is not limited to *Netra* alone but also involves multiple systems. While *Sushrutacharya* holds *Vata dosha* responsible for *Shushkaakshipaka*, according to *Vagbhat Acharya* it is *Vata pittaj* disorder. *Sharangdhar* further mentions *Rakta dhatu* also.^[11] Thus, only local remedies will not be effective in treating *Shushkaakshipaka*. Instead, combined effect of *Sandhoshana*, *Sanshamana* and *Kriyakalpa* will altogether help in the reversal of disease. When symptoms of Sjogren's are taken into consideration, there is *Vata dushti* at *Sandhithana* that include *Sthula sandhis* like knee joint, ankle joint as well as *Netra gata sandhi sthana*.

Co-existence of Netra vikara in Sandhigata Vata Vikara

- 1) **Netra as a Sandhithana:** The presence of 6 *Sandhithana* at *Netra* shows that *Netra* is an important *Sandhithana*, they are: 1) *Pakshma-Vartma gata Sandhi* 2) *Vartma - Shukla gata Sandhi* 3) *Shukla - Krishna gata Sandhi* 4) *Krishna Drishti gata Sandhi* 5) *Kaninika Sandhi* 6) *Apanga Sandhi*.^[12]
- 2) The contraction and dilation of pupil shows *Sandhikriya* like *Akunchan prasaran*.
- 3) *Unmesh- Nimesh Kriya* of the eyes indicates that it is a *Sandhikriya*.
- 4) **Panchabhautikatva of Netra**^[13]

<i>Bhru</i>	<i>Pruthvi mahabhoot</i>
<i>Rakta</i>	<i>Tej mahabhoot</i>
<i>Krushna bhaag</i>	<i>Vayu mahabhoot</i>
<i>Sita Bhaag</i>	<i>Jala Mahabhoot</i>
<i>Ashru Marga</i>	<i>Akash mahabhoot</i>

The vitiated *Vata dosha* will cause increased *Akash mahabhuta* and this will further lead to *Ashru marga awroth* or *Dushti*. As a result, there is less or defective tear production and thus causing dryness in eyes. As a result, in *Sandhigata vata roga* when the *Sarvadehik vata dosha* is vitiated, it causes relative *Vata dushti* symptoms in *Netrasandhi* too. This vitiated *Vata dosha* causes *Rukshata*, *Toda bheda- Vat vedana* and symptoms like *Kruchlonmilan* i.e., difficulty to open eyes. All the above symptoms are classical symptoms of *Shushkaakshipaka*.

Role of Yoga Basti

According to *Acharya Charaka*, *Erandamooladi Kwatha* does *Deepana*. According to *Bhaishajya Ratnavali*, *Dashmoola Taila* is *Tridoshahara* and does *Deepana*, *Ama Pachana* and *Anuloma*. *Basti* helps in removing the *Vata Vyagunya* pertaining in this disorder.^[14]

Snehana Putapaka

Kriyakalpa are local remedies mentioned specially in *Shalakyta tantra*. They are altogether 7 in number: *Nasya*, *Tarpan*, *Putapaka*, *Anjan*, *Ashchyotan*, *Seka*, *Bidalak* and *Pindi*.^[15]

Putapaka kriyakalpa is one very significant treatment procedure in which, the unctuous substances like medicated ghee, *Vasa*, *Majja*, *Mamsa*, along with *Dravya* are kept on the eyeball for a specific period of time by special arrangements made around eyes with *Mashapali*.^[16]

Varahamamsadi Snehana Putapaka

Snehana putapaka is made using *Vasa*, *Majja* and *mamsa* of *Anupa Mamsa*, *Jivaneeya Gana/Madhur Rasa dravyas*, *Ghrut* and *Dugdha*.^[17]

Anup Mamsa includes the animals from *Mahamrug*, *Jalchar* and *Matsya* group. *Mamsa* of

Varaha, an animal from *Mahamrug* group of *Mamsa varga* and was selected to be used for *Snehana putapaka*.^[18]

Thus the compound *Varahamamsadi Snehana Putapaka* contains- *Varaha Mamsa*, *Yashtimadhu Churna*, *Godugdha* and *Goghurut*.

Jivantyadi Ghruta Abhyantar paan and Nasya

The ingredients in *Jivantyadi Ghruta* are *Madhura* and *Sheeta* so acts as *Vata-Pitta shamaka*. The drugs included in *Jivaniya mahakashaya* explained by *Charakacharya* is *Vata* and *Pitta shamaka* also *Raktashamaka*. *Ghruta kalpana* is *Vata-Pitta shamaka*.^[19]

CONCLUSION

Considering predominantly *Vata dosha dushti* at *Sandhithana*, *Yoga Basti Upakrama* with *Dashmool tail Anuvasan* and *Erandamooladi Niruha* was planned for 8 days.

With the help of this *Basti*, *Mrudu Shodhan* of *Vata dosha* was brought about and *Stroto-shudhi* was achieved. Now after *Sarvadehik vata dosha* has been controlled local and *Abhyantar* remedies were righteously planned for effective absorption and results.

Basti Pashchat Putapaka with *Varahamansa (Snehana Putapaka)* with its *Snigdha*, *Guru gunas* ensured *Bruhana* of tear film and further reduced the *Rukshata* and *Stabdhatata* that had occurred at the eyes.

Varahamansa Putapaka is a variety of *Snehana Putapaka* that contains *Varahamansa pind*, *Go-dugdha*, *Go-ghruta* and *Yashtimadhu churna kalka*. *Putapaka* specifically is high in lipid content and will increase the strength of lipid layer of Tear Film.

Once the *Bala* of tear film starts improving, its *Snehana* and *Lepana karyakarya* will also improve thus facilitating clear vision and easy opening and closing of eyes.

Jivantyadi Ghruta, with its *Madhur madhur sheeta* properties acted *Balya*, *Bruhaniya* and *Vatashamak*. Thus, *Nasya* with *Jivantyadi ghruta* helped in increasing the stability of tear film by bringing about *Indriya snehana* and *Bruhana karya*.

Abhyantar Paan with *Jivantyadi ghruta*, 2 tps for 15 days, twice a day brought about *Shaman* of *Pita dosha* as well as *Vata Dosha* with its *Madhur*, *Sheet* and *Snigdha* properties. The local effect of *Snehapana* also helped in reducing the dryness of mouth in some quantity and thus helped patient in easy swallowing of food.

As a result, patient got relief with the above given treatment protocol. The Schirmer readings of patient increased and there was great relief in patient's subjective symptoms of *Shushkaakshipaka* along with body ache and dryness of mouth. Patient's food intake also improved with easy swallowing and patient was

feeling little energetic. We can thus conclude, if the treatment of *Shushkaakshipaka* which is *Sarvadehik Vyadhi* is planned taking into consideration of *Shodhan* as well as *shaman aspect*, better results can be achieved.

Further study with same treatment protocol will be continued on number of patients and documented.

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