

AYURVEDIC MANAGEMENT OF CHRONIC SCLERODERMA W.S.R. TO *UTTANA VATARAKTA* - A CASE STUDYVd. Girish Damor^{1*}, Vd. Bhaumik Suthar²¹Lecturer, Department of Panchakarma, Manju Shree Research Institute of Ayurvedic Science and Goenka Hospital, Gandhinagar, Gujarat, India.²Lecturer, Department of Panchakarma, Ananya College of Ayurved and Hospital, Kalol, Gujarat, India.***Corresponding Author: Vd. Girish Damor**

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ABSTRACT

Ayurveda, being the age old established medical system of India, aims at promoting health and prevention & management of diseases. Ayurveda adopts a holistic approach in management of disease, where *hetu vipareeta* and *vyadhi vipareeta*, both aspects of line of treatment are considered for treating a medical condition. Scleroderma, being identified as an autoimmune pathology involves multiple systems of the body, primarily skin and joints. Incorporating the *dosha-dushya* principles of manifestation of a disease, such conditions could be managed based on line of treatment of *vata* dominant *uttana vatarakta* associated with *twak gata vata*, where *vata dosha* vitiation primarily at the level of *rasa-rakta* and *mamsa dhatus* plays a pivotal role in manifestation of a disease. *Shamana* and *shodhana*, being the two-fold treatment principles, are incorporated in management of symptoms. *Snehana*, *abhyanga*, *swedana*, *basti*, *sarvanga dhara*, *sarvanga lepa* and *vata shamana*, *rakta prasadana* and *Vatarakta shamaka* medicines were advised for the patient. Maintaining the optimal level of *dosha*, clearing the body channels and strengthening the bodily *dhatus*, are the treatment principles being adopted in the treatment of *vatarakta* and *twaggata vata*. Hence, utilising the same protocol, a remarkable decrease in the severity of symptoms and improvement of well-being could be achieved.

KEYWORDS: Scleroderma, *Shamana*, *Shodhana*, *Twak gata Vata*, *Vatarakta*.**INTRODUCTION**

Systemic sclerosis is a connective tissue autoimmune disorder which results in fibrosis affecting the skin, internal organs and vasculature. The cause of systemic sclerosis is still not completely understood, but genetic components and association with alleles at the HLA locus, are found to be responsible for the same. There is seen the symmetrical thickening, induration and tightening of the skin as a symptom called as scleroderma.^[1] There is involvement of skin all over the body, especially joints, digits and face (around the lips). Scleroderma, being a disease of autoimmune origin; the principles and method of understanding and treating a disease in Ayurveda does not change or alter. Ayurveda has its own understanding of a *vyadhi* (disease) based on *nidana-panchaka* i.e., *nidana*, *poorvaroopa*, *lakshana*, *samprapti* and *upashaya*. Moreover, the concept of *Roga* and *Rogi pareeksha* (examination of the disease and the diseased) plays a pivotal role in formulation of the pathophysiology of a disease and hence incorporating it into the two-fold process of medication i.e., *shaman* and *shodhana* or *antah-parimarjana* and *bahih-parimarjana chikitsa*.

CASE HISTORY

A 44 year male patient visited OPD with complained of Stretching and tightening of skin, Blackening of skin (Moderate to severe) for 20 years. As per the patient, he was apparently asymptomatic 20 years back, when he gradually developed stretching and tightening of skin all over the body with mild to moderate itching and blackening of skin which mildly decreased on taking treatments. On further enquiry patient revealed multiple consultations across the country for same, but found only mild relief in the complaints. The mentioned complaints have affected the personal and social life of patient. Hence, patient approached OPD of Panchkarma, Manju shree research institute of ayurvedic science and goenka hospital, gandhinagar for the medical and therapeutic advice.

Personal History

Ahara-Mixed (vegetarian and non-vegetarian with fish); *Nidra*- *Nidrahani* (Sleeplessness & Disturbed) *Diwaswapna* -negative; *Mala-Baddha-vitkata* (constipated), 0-1 time in 24 hours; *Mutra*-4-5 times/day, 1 times/night; *Vyasana*-Non-Significant. Methodology: The *nidana-panchaka* examination of the patient as per

Ayurveda principles was adopted. *rogi-roga pareeksha* (Examination) followed by eliciting *lakshana*, *nidana*, *poorvarooopa*, *dosha* and *dushya* respectively, formulating the possible *samprapti*, defining the disease condition and its stage and finally the treatment protocol was followed.

Roga Pareeksha (Assessment of the *Vyadhi*) Eliciting the *Lakshana* (Signs and Symptoms):

The *lakshanas* were elicited based on history given by the patient and classified along with the dosha involvement as follows:

1. *Twak-sankocha* (Stretching of skin)- *Vata*
2. *Hasta-anguli evum sandhi sankocha evum jadyam* (fingers and joints stiffness)- *Vata & Kapha*
3. *Twak-parushyam* (Roughness of skin)- *Vata*
4. *Twak-Karshnaya* (Blackening of skin)- *Vata*
5. *Anguli agra bhage sphota* (blisters on the distal phalanges)- *Rakta* and *Vata*
6. *Rakta-Krishna varna mandalotapatti* (reddish-black skin patches)- *rakta-pittavata*
7. *Pratah sarvanga shotha mukhyatah mukha* (swelling, majorly on the face in morning)- *vata*
8. *Sankocha janya ruja* (pain on movement of joints)- *Vata*
9. *Sira-ayama* (stretching in vessels)- *VataRakta*
10. *Sheeta pradwasha* (aversion towards cold)- *Vata-Rakta*
11. *Swedo-Na-Va* (very decreased sweating)- *Vata* dominant *Tridosha*
12. *Vit-Vata sanga* (constipation)- *Vata*
13. *Nidra-alpata* (decreased sleep)- *Pitta & vata*
14. *Alpa-Kshudha* (loss of appetite)- *Vata*
15. *Kandu* (itching)- *Kapha*

Amongst which *Sankocha* and *Jadyam* (induration and stiffness) are the cardinal symptoms which are- most severe, most persistent, most chronic, most widely distributed and the signs of most diagnostic importance.

Eliciting the *Nidanas* (Possible Causative Factors): *Alpa rooksha aahara*, *lavana-amla katu-kshara ahara*, *klinna-sushka-ahara*, *dadhi-shukta*, *kulattha*, *viruddhahara* (*krishara* and *dugdha*), *matsya mamsa*, *nitya mudga sevana*, *krodha*, *ratri jagarana* and *atisahasjanya karma* are the causative factors elicited as per the history given by the patient.^[2] Eliciting the *Poorvarooopa* (Prodromal Symptoms): *Swedo-na-va* (decreased sweating even on a hot sunny day), *Karshnyam* (blackening of skin), *Sadana* (generalised weakness), *Janu-jangha-uru-katiamsa-hasta-pada-anga-sandhishu nistoda* (various painful areas), *Kandu* (itching all over the body), *Vaivarnayam* (discolouration)- blackening, *Twak-rookshata* (dryness of skin), *Sphutita* (blisters) were elicited.^[3] *Dosha- Vata* dominant *Rakta* associated (*anubandha*); *Dooshya- Rasa* (*Twak*), *Rakta*, *Mamsa*; *Rogamarga- Shakha* (*Twagadi srotas*) and *Madhyam* (*marma-sandhi-asthigata*); *Srotas-Rasavaha*, *Raktavaha* and *Mamsavaha*.

Final Diagnosis

Vata dominant *Uttana Vata Rakta* associated with *Twak gata Vata Vyadhi Swarooopa- Chirkari*, *Daruna* and *Jeerna*; Prognosis- *Kricchra sadhya* or *Yapya vyadhi* After complete assessment of the *Vyadhi* and *Rogi*, patient was advised for the In-patient admission on 7th march 2023. His general condition was well, with poor sleep and fair appetite, Bowel constipated, moderately stressed, fair wellbeing, Blood Pressure 100/70.

Therapeutic intervention:

Chikitsa or the treatment in Ayurveda is based mainly on three principles i.e., *Yuktivyapashraya*, *Daivavyapashraya* and *Sattwavajaya*.^[4] Where predominantly *Yuktivyapashraya Chikitsa* was adopted following *anatah-parimarjana* (internal medicine) and *bahir-parimarjana* (external medication) *Chikitsa*. Considering *Vatarakta* and *Vata-Vyadhi* spectrum, following treatment principles were adopted. *Vatarakta Chikitsa* (*Virechana*, *basti*, *avidahi sekaabhyanga*; *bahya-aalepa*; *parisheka*; *upanaha*)^[5] and *Vatavyadhi Chikitsa* *Abhyanga*, *Basti*, *Anuwasana basti* for *Sarvanga Vata*; *Sweda-Abhyana-Avagaha* for *Twaggata Vata* and *Vatarakta Chikitsa* for *Raktavrita Vata*, were incorporated in the management.^[6]

So, here 1st line of treatment to the patient is given *virechan* with *triphala kwath* 200ml and *erand taila* 50 ml with warm water, after the shodhan of patient internal medicine was necessary, *Antah-Parimarjana Chikitsa* (Internal Medicines): *Manjishthadi Kwatha*- 40 ml with warm water, twice daily, before food for 15 days; *Kaishora Guggulu* 500 mg, 2 tablets twice daily, before food with *Kwatha*, for 15 days; *Gandhaka Rasayana* 250 mg, 2 tablet twice daily, after food with water for 15 days; *Mahatiktaka Ghrita*, 1 tsf, twice daily with warm water for 15 days.

Bahir-Parimarjana Chikitsa (External Therapeutics): *Sarvanga abhyanga* with *Bala taila*, *Sarvanga Swedana* with *dashmoola Kashaya*, *sarvanga -dhara* (*balashwagandha taila*), *sarwanga lepana* with *godhuma*, *takra*, *lavana* and *dhanyamla*; *Manjishthadi ksheera basti* (*Manjishthadi Kashayam + Ksheera + Yashtimadhu Choornam + Guduchi Choornam Kalka + Ashwagandha Ghritam + Madhu + Saindhava Lavana*), *Balashwagandha taila matra basti*, were adopted. Patient is still on follow up period, with good appetite, clear and regular bowel, normal micturition, significantly decreased stress level, good wellbeing, BP 110/70 mmHg, PR 70 per minute, RR 18 per minute and SPO2 98%. Patient still had complaint of disturbed sleep at night. Patient was advised following medicines and dietary plan on discharge.

Further, a follow up of next three months was followed

Table-1: Summary of Outcomes: Physician Outcome Scale.

Outcome Parameters	Metrics	before	during	after
<i>Twak-Asthi Sankocha</i>	H/M/L/A	H	M	L
<i>Twak-Parushyam</i>	H/M/L/A	M	M	L
<i>Twak-Kandu</i>	H/M/L/A	M	L	L
<i>Twak-Karshnayam</i>	H/M/L/A	M	M	L
<i>Kshudha-hani</i>	H/M/L/A	H	M	L
<i>Nidrahani</i>	H/M/L/A	M	M	M
<i>Sphota</i>	H/M/L/A	M	L	A
<i>Shwayathu (Shohta)</i>	H/M/L/A	H	L	L

(H=High / M=Medium / L=Low / A=Absent)

Table-2: Summary of Outcomes: Patient Outcome Scale.

Presenting Complaints	Before Treatment	After Treatment
Stretching of Skin	1	4
Blackening of Skin	2	3
Tightening of Skin	2	4
Loss of Appetite	2	3
Sleeplessness	2	2

Poor (1); Fair (2); Good (3); Very Good (4); Excellent (5)

RESULT AND DISCUSSION

There was reported a remarkable improvement in the complaints, as compared to the previous treatments since past twenty years. The improvement recorded was elicited on two parameters of physician outcome scale and patient outcome scale, where the *lakshanas* were the outcome parameters. Stretching, blackening & tightening of skin, loss of appetite; the major complaints of patient were reduced significantly and were reported by both patient and the physician.

Furthermore, on follow up date after one month, the major complaints of the patient were reduced remarkably and the complaint of sleeplessness was also resolved. The induration and tightening of skin were further improved, hence improving the total wellbeing and status of health of the patient. Moreover, patient had significant reduction in stress level along with increased quality of life. *Vatarakta* and *Vata vyadhi* spectrum deals with some of the serious health issues involving the systemic ailments, bones-joints and connective tissue disorders, auto-immune disorders and degenerative disorders. Scleroderma, having an auto-immune involvement, does not have a treatment available in the modern medicine that halt or reverse the fibrotic changes that underlies the disease. While in the modern medicine, treatment of the disease targets at management of digital ulcers, Reynaud's phenomenon, GIT complications, hypertension or the joint involvement associated with the disease, using Calcium channel blockers, anti-reflux agents, ACE inhibitors, NSAIDs or methotrexate like drugs.^[7]

Ayurveda with its holistic approach of dealing with a *vyadhi* and *rogi*, could help to reduce the symptoms with its principles of *Hetu-vipareeta*, *Vyadhi-vipareeta* and *Hetu Vyadhi-Vipareeta*. Understanding of the *vyadhi* as per the *lakshana*, *poorvaroop*, *nidana* respectively, in

chronic cases also help in formulation of a possible correct *samprapti*, where the *samprapti vighatana* help in reducing the *vyadhi* remarkably even the *vyadhi* being non-curable in the modern aspect of the medicine.

CONCLUSION

It can be concluded that Ayurvedic interventions in autoimmune pathologies like scleroderma, are highly effective with a significant decrease in the symptoms, along side the improved quality and wellbeing of the patient. Further, no adverse effects of the treatment were reported

Limitation of study: Being an autoimmune pathology, a sure treatment modality for scleroderma is still to be formulated. Moreover, as this is a single case study, so the same treatment protocol should be validated by a large sample size with randomized clinical trial.

REFERENCES

1. Ralston SH, Penman ID, Strachan MMJ, Hobson RP. Davidson's Principles and Practice of Medicine, Rheumatology and Bone Disease, Elsevier India, 23rd Edition 2018, Pg 1037.
2. Acharya JT. Charaka Samhita Chikitsa Sthana 29/04-09. Chaukhamba Orientalia, Varanasi: 2015. Pg 628
3. Acharya JT. Charaka Samhita Chikitsa Sthana 29/16-18. Chaukhamba Orientalia, Varanasi: 2015. Pg 628.
4. Acharya JT. Charaka Samhita Sutra Sthana 01/58. Chaukhamba Orientalia, Varanasi: 2015. Pg 16.
5. Acharya JT. Charaka Samhita Chikitsa Sthana 29/41-42. Chaukhamba Orientalia, Varanasi: 2015. Pg 629.
6. Acharya JT. Charaka Samhita Chikitsa Sthana 28/104-105. Chaukhamba Orientalia, Varanasi: 2015. Pg 621.

7. Ralston SH, Penman ID, Strachan MMJ, Hobson Rp. Davidson's Principles and Practice of Medicine, Rheumatology and Bone Disease, Elsevier India, 23rd Edition 2018, Pg 1038.