

Ayurvedic Management of Chronic Scleroderma w.s.r. to *Uttana Vatarakta* and *Twaggata Vata* - A Case Report

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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 *twaggata 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.

Key Words: Scleroderma, *Shamana*, *Shodhana*, *Twaggata Vata*, *Vatarakta*

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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., *shamana* and *shodhana* or *antah-parimarjana* and *bahih-parimarjana chikitsa*.

Case History:

A 53 year female patient visited OPD with complained of Stretching and tightening of skin, Blackening of skin (Moderate to severe) for 12 years and Sleeplessness and decreased appetite (less severe) for one month. As per the patient, she was apparently asymptomatic 12 years back, when she 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 Kayachikitsa, Shiva Ayurvedic Medical College and Hospital 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

Family History: H/O DM Mother, H/O Pulmonary Tuberculosis- Father, H/O Gastritis- Son

History of Past Illness: H/O Pulmonary TB (1988), Fatty Liver (2013), H/O Amlodgara, *Prishtha-Katishoola* and Borderline Diabetes Mellitus

History of Past Medication & Surgery:

DOTS therapy for 6 months (1989), *Shuddha Gandhaka*, Nifedipine and Mosapride for related issues, H/O treatment for *Kakanaka Kushtha* (*abhyanga* with Ksheerabala taila, *Swedana* with Dashamoola kashaya, *Anuwasana Basti* with Kayakalpa oil and *Virechana Karma*)

Obstetric History: Menopause achieved at age of 47 years (History of painless bleeding for 8-9 days normally with blackish-red blood with pieces, Cycle of 28-29 days)

H/O Vegadharana: H/O *adhovayu*, *shakrit*, *trishna*, *kshudha*, *nidra*, *ashru* and *shramashwasa* positive (mainly *Kshudha* & *Ashru*)

H/O Manasika Bhavas: *Bhaya*, *Krodha*, *Ekanta-Vasa-Priyata* and *Chinta* positive

Methodology:

The *nidana-panchaka* examination of the patient as per Ayurveda principles was adopted. *rogi-roga pareeksha* (Examination) followed by eliciting *lakshana*, *nidana*, *poorvaroopa*, *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-pitta-vata*
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)- *Vata-Rakta*
10. *Sheeta pradwesha* (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-amlakatu-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 *Poorvaroopa* (Prodromal Symptoms): *Swedo-na-va* (decreased sweating even on a hot sunny day), *Karshnyam* (blackening of skin), *Sadana* (generalised weakness), *Janu-jangha-uru-kati-amsa-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*

Rogi Pareeksha (Assessment of the Vyadhi): *Dashavidha Pareeksha* was conducted for the assessment the state of patient as per the Charaka Samhita. The finding are as follows: *Prakriti- Pitta* dominant *prakriti; Vikriti- Vata* dominant *rakta* associated *vikriti; Sara- Madhyam* to *Heena sara; Samhanana- Madhyam Samhata; Pramana- 5'2"* height, 58 kg weight; *Satmya-Ksheera-Sarvarasa-Asatmya; Vyamishra-satmya- Madhyama Satmya; Sattwa- Pravara* to *Madhyama; Ahara Shakti- Abhyavyaharana Shakti: + +, Jarana Shakti: + (Vishama Agni); Vyayama Shakti: Avara; Vaya: Madhyama (Pittakala- 53 years)*

Diagnostic Investigations: Before treatment following investigations were done: *Haemoglobin- 10.5 g/dl; Fasting Blood Glucose- 107.0 mg/dl; Ultrasonography of Pelvis and Abdomen* reveals *Left Renal Nephrolithiasis with calculus of 4.6 mm in size. No abnormality was detected in Liver, Gall Bladder, Urinary Bladder, Right kidney.*

Final Diagnosis- *Vata* dominant *Uttana Vata Rakta* associated with *Twaggata Vata*

Vyadhi Swaroopa- *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 June 28, 2021. Her general condition was well, with poor sleep and fair appetite, Bowel constipated, moderately stressed, fair wellbeing, Blood Pressure 100/70

mmHg, Pulse rate 68 per minute and SPO₂ 98% at the time of admission.

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 *bahih-parimarjana* (external medication) *Chikitsa*. Considering *Vatarakta* and *Vata-Vyadhi* spectrum, following treatment principles were adopted. *Vatarakta Chikitsa* (*Virechana*, *basti*, *avidahi seka-abhyanga*; *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]

Antah-Parimarjana Chikitsa (Internal Medicines):

Manjishthadi Kashaya- 15 ml with 45 ml warm water, twice daily, before food for 15 days; Kaishora Guggulu 500 mg, 2 tablets twice daily, before food with Kashaya, for 15 days; Gandhaka Rasayana 250 mg, 1 tablet twice daily, after food with water for 15 days; Mahatiktaka Ghrita, 1 tsf, twice daily with Kashaya for 15 days; Manibhadra Guda, 1 tsf, once daily at night, after food for 15 days.

Bahih-Parimarjana Chikitsa (External Therapeutics):

Sarvanga abhyanga with *Balaguduchyadi taila*, *Sarvanga Swedana* with *dashmoola Kashaya*, *sarvanga takra-dhara* (*takra* added

with *triphala choornam*), *sarwanga lepana* with *godhuma*, *takra*, *lavana* and *dhanyamla*; *Manjishthadi ksheera basti* (*Manjishthadi Kashayam* + *Ksheera* + *Yashtimadhu Choornam* + *Guduchi Choornam Kalka* + *Ashwagandha Ghritam* + *Madhu* + *Saindhava Lavana*), *Balaguduchyadi taila matra basti*, *ksheerabala taila shiro-pichu* at night; were adopted from 28 June 2021 to 14 July 2021.

Patient was discharged on 14.07.2021, 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:

Medicines at the time of discharge:

Kokilaksham Kashaya 15 ml with 45 ml water, Twice daily before food for 30 days; Kaishora guggulu 500 mg, 2 tablets twice daily before food with Kashaya for 30 days; Gandharvahastadi Erandam Taila, 10 ml once daily at night after food for 30 days; Mahatiktaka Ghrita, 5 gm, twice daily with Kashaya internally, and for external application for 30 days; AIMIL Neeri syrup (for renal pathology) 2 tsf twice daily after food 30 days; Charak Zzowin tablet 1 tablet, once daily at night after food for 30 days.

Follow up:

Patient was advised for the follow-up after the duration of 30 Days i.e., One Month in August for further improvement and prevention of relapse. 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 / Ab	H	M	L
<i>Twak-Parushyam</i>	H / M / L / Ab	M	M	L
<i>Twak-Kandu</i>	H / M / L / Ab	M	L	L
<i>Twak-Karshnayam</i>	H / M / L / Ab	M	M	L
<i>Kshudha-hani</i>	H / M / L / Ab	H	M	L
<i>Nidrahani</i>	H / M / L / Ab	M	M	M
<i>Sphota</i>	H / M / L / Ab	M	L	Ab
<i>Shwayathu (Shotha)</i>	H / M / L / Ab	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 (85%)
Blackening of Skin	2	3 (65%)
Tightening of Skin	2	4 (80%)
Loss of Appetite	2	3 (65%)
Sleeplessness	2	2 (50%)

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 twelve 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*, *poorvaroopa*, *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, alongside the improved quality and wellbeing of the patient. Further, no adverse effects of the treatment were reported.

Consent of Patient:

The written informed consent has been taken from patient for treatment as well as publication purpose, without disclosure of the identity, solely meant for the medical education and learning.

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.

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