

A Case Report On Ayurvedic Management of Scleroderma – Anukta VyadhiDr. Swati R. Lanjewar¹, Dr. G. H. Kodwani²¹PG Scholar Dept. of Rognidan Avum Vikriti Vigyan, Govt. Ayurved College and Hospital Nagpur²Professor of Dept. of Rognidan Avum Vikriti Vigyan, Govt. Ayurved College and Hospital Nagpur***Corresponding author**

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Abstract: A 32 year old female patient with complaint of tightening of skin of face and upper and lower limbs, whitish discoloration over face, upper limb and lower limb, small mouth opening, slight difficulty in deglutination. This patient was classically evident with limited diffused cutaneous scleroderma (LCSS). Scleroderma or systemic sclerosis is a generalized disorder of connective tissue affecting the skin, internal organs and vasculature. In *Ayurveda* as there is no description about such diseases considering it as *Anukta Vyadhi*. Also *Acharya Charaka* has mentioned that there may be *Aparisankhya Vyadhi* (many diseases) on basis of *Sthana* and *Roopa*. With the help of history and symptoms of patient rule out the *Dosha* and *Dushya* and treated them with classically evident *Chikitsa* (*Vatahar Chikitsa* and *Raktaprasadan Chikitsa*). Patient showed significant improvement in subjective parameters. She got 75% relief in her symptoms.

Keywords: *Anukta Vyadhi*, Scleroderma, *Vatahar Chikitsa*, *Raktaprasadan Chikitsa*

INTRODUCTION:

Systemic sclerosis or scleroderma is an autoimmune disease of the connective tissue. It is characterised by scleroductyly (due to accumulation of collagen) in combination of with raynaud's and digital ischemia. The peak age of onset is in the fourth and fifth decades, and overall prevalence is 10 – 20 per 100,000 with a 4:1 female preponderance [13]. It is subdivided into diffused cutaneous systemic sclerosis (DCSS) 30% of cases and limited cutaneous systemic sclerosis (LCSS) 70% of cases. Many patients with LCSS have features that are phenotypically grouped into 'CREST' syndrome. [Calcinosis, Raynaud's, Oesophageal involvement, Scleroductyly and Telangiectasia] [13].

CASE REPORT:

A 32 year old female patient residing at Ramtek, Nagpur attending the OPD of Government Ayurveda College and Hospital Nagpur with complaint of tightening of skin of face and upper and lower limbs, ulceration followed by whitish discoloration over face, upper limb and lower limb, small mouth opening, arthralgia, morning stiffness, wasting or atrophy of pulp of hand, slight difficulty in deglutination.

PAST HISTORY:

H/O Chicken Guinea before 10 years ago i.e. 2006
No H/O HT, DM, TB and any surgical illness.
No H/O Trauma or accidental injury.
No any significant family history.

Table 1: Ashtavidha Parikshana

Sr. No.	Parikshana	
1.	Nadi	76/min Niyamita
2.	Mutra	Samyaka (5-6 times /day)
3.	Mala	Malavibandha (1 time /day)
4.	Jivha	Sama
5.	Shabda	Spashta Vaka avum Shruti
6.	Sparsha	Rukshya, Parusha, Kathinyatva
7.	Druka	Netra Panduta + +
8.	Akriti	Krusha

General condition –

Moderate

Afebrile;

Pulse – 76/min;

BP – 130/80 mmHg;

Pallor - + + ; No Icterus;

Weight – 29 kg

DUSHTADOSHA:

Vata: Vyana

Pitta: Pachaka, Bhrajaka

Kapha: Kledaka, Shleshaka

DUSHYA: Rasa, Rakta, Mansa, Meda, Twaka, Sira,

Snayu, Kandara

INTERVENTION

The table no. 2 showing the treatment given to the present case study patient

Table 2: Treatment

Duration	Medicine	Dose	Frequency
30 – 8 – 2016 to 06 – 9 – 2016	Lasunadi Vati [15]	500mg	Twice a day for 7 days
15 – 9 – 2016 to 06 – 10 – 2016	Ashwagandha Ghrita [8]	10 ml with milk	Once a day in morning
07 – 10 – 2016 to 07 – 11 – 2016	Panchatikta Ghrita [7]	10 ml with milk	Once a day in morning
30 – 8 – 2016 to 07 – 11 – 2016	Mahamanjishathadi kwatha [9, 11]	20 ml with koszna jala	Twice a day
	Maharasnadi Kwatha [10]	20 ml with koszna jala	Twice a day

OBSERVATION AND RESULT:

The observations and results of the presented case study patient are shown in the table no. 3

Table 3: Observation And Result

Sr. No.	Lakshana	Before Treatment (30 – 8 – 2016)	After Treatment	
			After 1 month (06 – 10 – 2016)	After 2 month (7 – 11 – 2016)
1)	Tighting of skin of face and upper and lower limbs	+++	++	–
2)	Tighting of skin of upper limb and lower limbs	+++	++	+
3)	Ulceration over face	+++	++	–
4)	Ulceration over upper limb and lower limb	+++	++	–
5)	Whitish discolouration over face	+++	++	–
6)	Whitish discolouration over upper limb and lower limb	+++	++	+
7)	Small mouth opening	+++	++	+
8)	Slight difficulty in deglutination.	++	+	–
9)	Arthalgia	+++	++	+
10)	Morning stiffness	+++	++	–
11)	Wasting or atrophy of pulp of hand	+++	++	++

(Note: +++ = Severe; ++ = Moderate; + = Mild; _ = No Symptom [i.e. relief])

PHOTOS OF PATIENT:

Before Treatment



After Treatment



DISCUSSION:

The systemic form of scleroderma is complex autoimmune diseases that can affect organs throughout involvement. This form of systemic scleroderma is usually limited to the lower arms and legs and sometimes the face. There is still significant internal organ involvement with limited Scleroderma, but it

generally develops more slowly than with the diffuse form. It is worth nothing that this form of Scleroderma used to be referred to as CREST Syndrome the body in addition to skin changes. The word “limited” refers to the fact that the skin [14].

The present case study patient was evident classical symptoms of limited cutaneous scleroderma. As there is no description about such disease in our *Samhita* considering it as *Anukta Vyadhi*. Also *Aacharya Charaka* has mentioned about the disease are of many types according to their *Sthana* (location) and *Roopa* (symptoms) [3]. The entity of diseases is depended on the *Dosha* and *Dushya Samurchana* [12]. According *Sushruta Vaivarnya* (discoloration), *Sphurana* (fasciculation), *Rukshata* (dryness), *Supti* (numbness), *Chumachumayana*, *Twakabheda* (cracks), *Paripotanam* was found in *Twakagatavat* which is quite similar to present study patient [1]. Considering this as *Vatvyadhi* – *Twakagatavata* according its *Chikitsa Sutra Snehaabhyanga* and *Raktaprasadan Chikitsa* was done [2]. But initially the patient had few *Aamalakashana* for this *Aamapachana* treatment was given like *Lasunadi Vati* for 7 days. It causes *Aamapachana* and *Agnivardhana* [15]. After that for *Snehanartha Ashawagandha Ghrita* was given for *Snehapana* 10 ml with milk. *Ashwagandha Ghrita* has *Vajikarna Rogadhikara* but due its *Balya*, *Brihana*, *Tridoshanashana* properties it was used and along with this *Maharasnadi Kwatha* 20 ml twice a day and *Mahamanjishthadi Kwatha* 20 ml twice a day was prescribed her. *Maharasnadi Kwatha* [10] has *Vatashamana*, *Vedanashana* property and *Mahamanjishthadi Kwatha* [9, 11] has *Raktashodhaka*, *Amapachana*, and *Vatashamana* properties. It also shows effect on *Rasa* and *Rakta Dhatu* symptoms. After one month of duration of treatment it shows significant improvement in her symptoms. Tighting of skin of face, upper limb and lower limbs and whitish discoloration was reduced. She got relief from arthralgia and morning stiffness. Later considering involvement of *Raktadushti* she was treated with *Panchatikta Ghrita* 20ml once day with milk and continued the *Maharasnadi Kwatha* and *Mahamanjishthadi Kwatha*. *Panchatikta Ghrita* [7] has *Kushthaghna*, *Rakta Prasadana*, *Vrananashaka*, and *Vata*, *Pitta*, *Kaphaja Rogashamaka*. After 2 month duration of treatment she got 90% relief in Whitish discoloration of face. The arthralgia and morning stiffness get reduced and difficulty in deglutination was reduced. Her weight was increased from 29kg to 35kg. She shows the significant improvement in her symptoms.

CONCLUSION:

The disease Scleroderma is not described in our classical *Samita* considering it as *Anukta Vyadhi*. But as our *Aacharya* permits to treat the disease by knowing its pathological state in terms of involved *Dosha* and *Dushya* the patient was treated according this. In the above case the vitiation of *Vata Dosha* and *Rakta Dhatu* has an important role. Here just focused on the vitiated *Dosha & Dushya* and treated the patient for contributing the improvement of *Dosha & Dushya* i. e. *Vatahar Chikitsa and Raktaprasadana Chikitsa*.

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