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A CASE STUDY – EFFICACY OF PANCHAKARMA AGAINST SLE INDUCED LUNG FIBROSIS

Ayurveda

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ABSTRACT

Ayurveda can safely be applied to heal many refractive health conditions1. A Dutch female aged 44 was treated at my clinic in India for the Systemic Lupus Erythematosus induced Lung Fibrosis along with Raynaud's disease and Fibromyalgic pains. She received Panchakarma procedures viz, Abhyanga, Swedana, Kunjal, Virechana, Vasti and Nasya for six weeks and showed significant improvement upon various signs and symptoms.

KEYWORDS

Ayurveda; Kunjal; Panchakarma; Virechana; Vasti; Nasya; Shaman Treatment; Spirometry; SLE; Lung Fibrosis; Fibromyalgia.

INTRODUCTION

Ayurveda is a system of medicine with historical roots in the Indian subcontinent[2]. Panchakarma is a unique detoxifying tool from Ayurveda, having a potential to treat/cure many refractive medical conditions[3]. Brihattrayi from Ayurveda make ample praises for the five-procedure protocol[4]. These five procedures are Vamana (Emesis), Virechana (Purgation), Anuvasana Vasti (Oil enema), Niroohan Vasti (Decoction enema), and Nasya (Instillation of medicine through nostrils). Niruhana & Anuvasana form the basic types of Vasti. The term Panchashodhana includes Vamana, Virechana, Nasya, Niruhana, & Raktamokshana[5-7].

Ayurveda can be hypothesized to manage Systemic Lupus Erythematous by up-regulating the immune system. Systemic lupus erythematous (SLE), also known simply as Lupus, is an autoimmune disease in which the body's immune system mistakenly attacks healthy tissue in many parts of the body[8]. Symptoms vary among patients and may be mild to severe. There is no cure for SLE.[9] Common symptoms include painful and swollen joints, fever, chest pain, hair loss, mouth / esophageal ulcers, swollen lymph nodes, feeling tired, and red, butterfly rashes common on the chest / face[10]. Often there are periods of illness, called flares, and periods of remission during which there are few symptoms[11]. The cause of SLE is not clear[12]. It is thought to involve genetics together with environmental factors[13]. Among identical twins, if one is affected there is a 24% chance the other one will be as well[14]. Female sex hormones, sunlight, smoking, vitamin-D deficiency, and certain infections, are also believed to increase the risk[15]. SLE, which can affect lungs too, can cause pleuritic pain and also give rise to shrinking lung syndrome, involving a reduced lung volume[16].

Fibromyalgia has unknown origin and is believed to be an autoimmune disorder, by and large refractive to most treatments[17]. It is characterized by chronic widespread pain and a heightened pain response to pressure[18]. Other symptoms include tiredness to a degree that normal activities are affected, sleep problems and troubles with memory[19].

Raynaud's Disease is a medical condition in which spasm of arteries because episodes of reduced blood flow[20]. Typically the fingers, and less commonly the toes, are involved[21].Episodes are often triggered by cold or emotional stress[22].

THERE ARE TWO MAIN TYPES

1. Primary Raynaud's, when the cause is unknown, and secondary Raynaud's, which occurs as a result of another condition[23].
2. Secondary Raynaud's can occur due to a connective tissue disorder, such as scleroderma or lupus, injuries to the hands, prolonged vibration, smoking, thyroid problems, and certain medications, such as birth control pills[24]. Diagnosis is typically based on the symptoms[25].

In Ayurveda, Kunjal karma comes from the Shadkarma of Yoga, and can be likened to Vamana from Ayurveda. Shatkarma (Dhauti, Vasti, Neti, Lauliki, Tratak and Kapalbhati) are meant for purification. These should be practiced in the predominance of Kapha Dosha. Among Shatkarma, Kunjal Kriya is included in Dhautikarma[26-27]. It is also known as Gajakarani in Hatha Yoga Pradipika[28]. Those who cannot exert to perform Vamana, or as decided by the treating Vaidya, can be administered Kunjal as a daily Do it Yourself procedure.

MATERIALS AND METHODS

THE CASE

A 44 years old Dutch female, with a 33 years history of SLE reported to my clinic. Also suffering from Fibromyalgia, secondary Raynaud's Disease and Progressive Lung Fibrosis, she had been on various medications with little relief, resulting in depression and a poor Quality of Life. Major symptoms were extreme weakness, shortness of breath, pains all over the body, poor digestion, dysphagia, and weight loss. Spirometry showed the functional lung capacity to be 28%.

DRUG PROFILE WITH POSOLOGY

Kunjal – Warm water two liters, with rock salt 10 grams; every morning at 6 AM

Ghrit Pana for Virechana – Panchatikta Ghrit was given for the purpose. This is a medicated Ghrit containing Nimba (Azadirachta indica), Patola (Luffa acutangula), Vyaghri (Solanum xanthocarpum), Guduchi (Tinospora cordifolia), & Vasa (Adhatoda vasica) herbs.

Swedana / Fomentation material – Full body (Head excluded) steam for 15-20 minutes

VIRECHANA COMBINATION – TABLE NO -1

S No	*Material*	Volume
1	*Aragwadh (Cassia fistula)decoction*	200 ml
2	*Castor oil*	50 ml
3	*Ichcabhedi Ras*	3 tablets of 125 mg each
4	*Kutki powder (Picrorrhiza kurroa)*	5 grams
5	*Haritaki (Terminalia chebula)powder*	5 grams

AnuvasanVasti – Panchatikta Ghrita 150 ml

NIRUHAN VASTI– TABLE NO -2

S No	*Material*	Volume
1	*Liquorice, Basil, Acorus decoction*	900 ml
2	*Castor oil*	50 ml
3	*Dashmoola oil*	50 ml
4	*Rock Salt*	10 grams
5	*Honey*	50 ml

NASYA– TABLE NO 3

S No	*Material*	Volume
1	*Shad Bindu oil*	6 drops per nostril for 30 days
2	*Narayan oil for face-head massage*	10 ml
3	*Curcuma in Mustard oil for smoke*	5 grams, 10 ml

SHAMANA TREATMENT-

Liquorice, Basil, Acorus calamus powders @ 1 gram, mixed in a

teaspoonful of honey, twice a day for 42 days

DIAGNOSIS AND MANAGEMENT

The patient was examined in terms of Tridosha and her SLE induced Lung Fibrosis was labeled as Kaphavritta Prana Vata pathology as the symptoms mentioned by Charaka and Vagbhat are excessive water brash, sneezing, eructation, obstruction to inspiration and expiration, anorexia and vomiting, out of which many matched her clinical picture[29-30].

Her Fibromyalgia was labeled as Kaphavritta Vyana Vata as Charaka mentions its symptoms being Guruta Sarwa gatranaam (Generalised Heaviness), Sarwasandhyasthi Ruja (Arthralgia) and Gatisanga (channel obstructions), which match Fibromyalgia. She was administered daily Kunjal Dry fomentation with salt bolus after mild Abhynaga massage with minimum of Narayan oil, mild Virechana to remove Kapha, followed by Anuvasan and Niruhana Vasti for 30 days. Alongwith the Vasti, they were given Lekhana Nasya with Shadbindu oil and curcuma mustard smoke. As Shamana Chikitsa, she received Liquorice, Basil, Acorus calamus powders @ 1 gram, mixed in a teaspoonful of honey, twice a day for 42 days. The dietary regimen advised was to avoid consuming milk, and stretching Yoga procedures as Sun Salutation, squats, and Halasana, along with Kapal bhati.

TREATMENT PLAN – TABLE NO -4

S No	*Procedure*	On the days
1	*Ghrit Pana*	20,40,60,80,100 ml on first 5 days
2	*Rest*	6th day
3	*Virechana*	7th day
4	*Samsarjana*	8th-12th day
5	*Rest*	13-15th day
6	*Vasti*	18 Anuvasan - 16th, 17th, 19th, 21st, 23rd, 25th, 27th, 29th,31st, 33rd, 35th, 37th, 39th, 41st, 42nd, 43rd,44th, 45th Days 12 Niruhana - 20th, 22nd, 24th, 26th, 28th, 30th, 32nd, 34th, 36th, 38th, 40th Days
7	*Nasya*	Last 30 days, along with the Vasti
8	*Kunjal*	Every day at 6 AM for the six weeks

RESULTS

1. The physical endurance increased from an initial capacity of 5 squats, to 40 squats until feeling rapid breathing.
2. The pains from Fibromyalgia were almost absent and she did not require the regular Western analgesics for this duration of six weeks and later.
3. Despite being winter season, she did not experience Raynaud's after a week into the treatments.
4. Esophageal inflammation induced Dysphagia hindered with the consumption of the oral medicine and she had to take Omeprazole 20 mg, as prescribed by her treating Dutch physician. This symptom did not improve with Panchakarma during these six weeks.
5. The lung capacity did not increase from the 28% before treatment; the Pulmonologist found her lungs to be significantly clearer than before.
6. The client was advised to repeat a 30-day Panchakarma annually, for the next 3-6 years to maintain / improve the lung health.

ANALYSIS

Kaphavrit Prana Vata was the probable diagnosis for the Lung Fibrosis; salt bolus fomentation is effective against Kapha disorders as the one being a Kapha covering on the Vata, obstructing the latter's natural flow and setting in various pathologies. Rooksha Swedana as the one given here with salt bolus is effective against stiffness, heaviness and coldness of the body and produces sweat[31].

Kunjal procedure resembles Vamana and the both are effective at removing excessive Kapha from the body; especially the respiratory tract and form the first line of management against Asthma of any etiology[33].

Tamake tu Virechanam i.e. Virechana is effective against Breathing problems, vitiated Pitta and Kapha as it could break the Kapha Avarana (Covering)[34].

Vasti is the best management against Vata symptoms as Dsypnoea, and pains[35].

The lungs being fibrosed, did not show an increase in total lung capacity from 28%; the plan for the patient is to annually follow the 3 weekly maintenance procedures for the next 5 years to annually follow the 30-days maintenance procedures for the next 3-6 years to observe

SUMMARY AND CONCLUSION

The diseases like SLE and its complication as Lung Fibrosis being largely incurable, showed a promising response to basic Panchakarma procedures. The patient registered an over–all improvement in most of the associated physical and psychological signs and symptoms.

REFERENCES

1. Gogtay NJ, Bhatt HA, Dalvi SS, et al. The Use And Safety of Non-Allopathic Indian Medicines. Drug Safety. 2002; 25(14): 1005–1019p
2. MeulenbeldGerrit Jan. "Introduction". A History of Indian Medical Literature. Groningen: Egbert Forsten; 1999. ISBN: 9069801248.
3. Sharma AK. Panchkarma Therapy in Ayurvedic Medicine. In: Mishra Lakshmi Chandra. Scientific Basis for Ayurvedic Therapies. Boca Raton, FL: CRC Press; 2003; 43p. ISBN: 0-8493-1366-
4. Mangathayaru K. Pharmacognosy: An Indian Perspective. Pearson Education India; 2p.
5. Gupta B, Mahapatra SC, Makhija R, et al. Observations on Vamana Procedure in Healthy Volunteers. 2011. (Archived on 25 May 2013)
6. Samhita Sharangadhara. Nasya Vidhi Uttarakhanda 8/63. In Parashuram Shastri Vidyasagar. Sharangadhara Samhita Bhishakvara Adhamalla virachita Deepika. Pandit Kasiram Vaidya virachita gudharthadeepikaya cha samvalita. 2006 Varanasi, India: Chaukambha Sura bharathi Prakashan; 2006; 346p.
7. Hridaya, Ashtanga. Siravyadhavidhi Suthrasthana 27/8, Dwividhopakramaneeyam Suthrasthana 14/5. In: Bhishagacharya Harishastri Paradkar Vaidya. AshtanagaHridayaSrimadArunadattavirachitaSarvangasundarakhyavyakhyayaHemad ripraneetaya Ayurveda Rasayanakhyateekaya cha samullasitham. Varanasi, India: ChowkhambaKrishnadas Academy; 2009; 327, 223p. ISBN: 81218-0046-3.
8. www.niams.nih.gov. February 2015. Archived from the original on 17 June 2016. Retrieved 12 June 2016.
9. www.niams.nih.gov. February 2015. Archived from the original on 17 June 2016. Retrieved 12 June 2016.
10. www.niams.nih.gov. February 2015. Archived from the original on 17 June 2016. Retrieved 12 June 2016.
11. www.niams.nih.gov. February 2015. Archived from the original on 17 June 2016. Retrieved 12 June 2016.
12. www.niams.nih.gov. February 2015. Archived from the original on 17 June 2016. Retrieved 12 June 2016.
13. Lisnevskaia, L; Murphy, G; Isenberg, D (22 November 2014). "Systemic lupus erythematosus". Lancet. 384 (9957): 1878–88. doi:10.1016/s0140-6736(14)60128-8. PMID 24881804.
14. www.niams.nih.gov. February 2015. Archived from the original on 17 June 2016. Retrieved 12 June 2016.
15. Lisnevskaia, L; Murphy, G; Isenberg, D (22 November 2014). "Systemic lupus erythematosus". Lancet. 384 (9957): 1878–88. doi:10.1016/s0140-6736(14)60128-8. PMID 24881804.
16. Calderaro, DC; Ferreira, GA (May 2012). "Presentation and prognosis of shrinking lung syndrome in systemic lupus erythematosus: report of four cases". Rheumatology international. 32 (5): 1391–6. doi:10.1007/s00296-011-1863-5. PMID 21431288
17. Fibromyalgia. American College of Rheumatology; May 2015. Retrieved 16 Mar 2016.
18. Ngian GS, Guymer EK, Littlejohn GO (February 2011). "The use of opioids in fibromyalgia". Int J Rheum Dis. 14 (1): 6–11. doi:10.1111/j.1756-185X.2010.01567.x. PMID 21303476.
19. Clauw, Daniel J. (16 April 2014). "Fibromyalgia". JAMA. 311 (15): 1547–55. doi:10.1001/jama.2014.3266. PMID 24737367.
20. NHLBI. 21 March 2014. Archived from the original on 4 October 2016. Retrieved 1 October 2016.
21. NHLBI. 21 March 2014. Archived from the original on 4 October 2016. Retrieved 1 October 2016.
22. NHLBI. 21 March 2014. Archived from the original on 5 October 2016. Retrieved 1 October 2016.
23. Wigley, FM; Flavahan, NA (11 August 2016). "Raynaud's Phenomenon". The New England Journal of Medicine. 375 (6): 556–65. doi:10.1056/nejmra1507638. PMID 27509103
24. "What Causes Raynaud's?". NHLBI. 21 March 2014. Archived from the original on 4 October 2016. Retrieved 1 October 2016
25. Wigley, FM; Flavahan, NA (11 August 2016). "Raynaud's Phenomenon". The New England Journal of Medicine. 375 (6): 556–65. doi:10.1056/nejmra1507638. PMID 27509103
26. Dr Chamanlal Goutam. Gheranda Samhita 12, Bareli, Published By Sanskriti Samsthan; 1982.
27. Dr Chamanlal Goutam. Hath Yoga Pradipika, DwitiyaUpadesh 38, Bareli, Published By SanskritiSamsthan.
28. https://www.researchgate.net/publication/269846898_Management_of_sthaulya_OBESITY_through_kunjal_kriya [accessed May 23 2018].
29. Charaka SamhitaVatavyadhiChikitsaAdhyaya, 28/221 -231; p 80-82.Reprint edition, Chaukhambha Sanskrit Series Office, Varanasi, 2005
30. Ashtanga Hridhaya , VatashonitaNidanaAdhyaya, 16/42 – 49, p 166 -167
31. Agnivesha. Swdaadhyaya. In: Charaka Samhita (Sutrasthana) Shastri RD, Upadhyaya YN, Pandey GS, et al., editors. Varanasi: Chaukhambha Bharati Academy; 2005; 283p
32. Srikumar R, Parthasarathy NJ, Devi RS. Immunomodulatory activity of Triphala on Neutrophil Functions. Biol Pharm Bull. 2005; 28: 1398–403p. [PubMed]
33. Charaka Samhita, Chikitsasthana 17/76. Chaukhambha Sur Bharati Prakashan, Varanasi 1998, p 626.
34. Ram Karan Sharma and Vaidya Bhagwan Dash. Agnivesa's Caraka Samhita: Siddisthana 17/89. Varanasi: Chowkhamba Sanskrit Series Office; p 629
35. Charaka Samhita, Siddhi sthana 10/6. Chaukhambha Sur Bharati Prakashan, Varanasi 1998, p 1300