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CLINICAL REMISSION IN SYSTEMIC LUPUS ERYTHEMATOSUS WITH AYURVEDIC INTERVENTION: EVIDENCE FROM ANA NEGATIVITY

Ayurveda

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ABSTRACT

Systemic Lupus Erythematosus (SLE) is a chronic autoimmune disorder with relapses and remissions, affecting multiple systems. In Ayurveda, it may be understood as *Sannipataja Pandu Roga*, where *Agnimandhya* and *Pitta-Rakta Dushti* contribute to pathology. This report presents the management of an ANA-positive SLE case through *Pandu Chikitsa Siddhanta* guided by *Guna Siddhanta.* A 27-year-old female with vitiligo and chronic constipation presented with severe hair fall, photosensitive rashes, arthritis involving wrists, knees, ankles, and PIP joints with morning stiffness, anorexia, weight loss, and skin dryness. Initially misdiagnosed as tuberculosis, she worsened on ATT before being confirmed as ANA-positive SLE. Conventional medications provided temporary relief, but relapses occurred on discontinuation. Intervention: Treatment was planned in three phases. In *Ama Avastha*, formulations such as *Sapthavimshati Guggulu, Sooranadi Lehya, Panchagavya Ghrita,* and *Danti Haritaki* were administered for *Deepana, Pachana,* and *Srotoshodhana*. In *Nirama Avastha, Maha Kalyanaka Ghrita, Amrita Bhallataka, Dhatri Avaleha,* and *Triphala* were prescribed for *Pitta-Rakta Shamana* and systemic support. The final *Rasayana* phase included *Agastya Haritaki, Chaushashti Prakara Pippali,* and *Triphala* to enhance immunity and prevent relapse. The patient reported substantial reduction in joint pain (VAS 8 → 3), stiffness, and photosensitive rashes, along with improved digestion, appetite, and hair fall. Mild weight gain and better strength were noted. Importantly, ANA test became negative post-treatment, suggesting remission. This case demonstrates the potential of a *Guna*-based Ayurvedic approach in SLE, offering both clinical relief and objective improvement, supporting its integrative role in autoimmune disease management

KEYWORDS

INTRODUCTION:-

Systemic lupus erythematosus (SLE) is a chronic, multi-systemic autoimmune disease marked by a fluctuating course of remission and relapse that can simultaneously affect multiple organ systems. A classic feature of SLE is its profound gender disparity, as women are ten times more likely to develop the disease than men due to hormonal influences. Genetic predisposition is also key, with numerous associated genes identified, such as HLA-DRB1, TNFAIP3, and STAT-4. Among other clinical features, Musculoskeletal involvement is a nearly universal feature of SLE, affecting approximately 95% of patients at some point. The symptoms can range from mild joint pain to more severe, deforming arthritis. Typically, lupus arthritis presents as a non-erosive, symmetrical inflammatory polyarthritis, often affecting the small joints of the hands, knees, and wrists[1,2]. These inflammatory features can be perceived in Ayurveda as *Pandu* where *Sandhi Shoola, Sandhi Shotha, Durbala, Gatrashoola, Jwara*[3] arises from *Agnimandhya* caused by excess *Dravatva* and *Ushnata* of *Pitta* and which further vitiates *Raktha* due to its *Ashra-Ashrayi* Bhava and ultimately causing *Sroto-avarodha* of further *Dhathu*. Hence the treatment in this case should aim at *Deepana*, *Pachana* especially *Sheeta Pachana* initially to remove the *Ama* and *Sroto-avarodha* thereafter to alleviate the excess *Pitta* and *Raktha* at the same time being cautious as not to vitiate the *Vata*. For addressing the vitiated *Pitta* and *Raktha*, *Tiktha* and *Sheeta Dravya* are advised. This case report has attempted to highlight a novel approach of employing *Pandu Chikitsa Siddhanta* to manage SLE.

CASE HISTORY:-

Female aged 27 years, resigned from IT profession, having an history of chronic constipation since childhood and a known case of vitiligo over lips and few patches over lower extremity since 12 years, had presented with complaints of severe hair fall (>150-200 hair strands/day), multiple joint pain (bilateral wrists, knees, ankles and PIP) associated with morning stiffness lasting for about 40 minutes, occasional reddish discoid skin lesions over face and neck on sun exposure (photosensitivity), decreased appetite, increased dryness & dullness of skin and unintentional weight loss since 2 years.

In 2019, the patient developed an insidious onset of red, raised macular skin lesions on the cervical region. This presentation was concurrent with a sudden unintentional weight loss of 10 kg over four months, severe hair loss, and insomnia. A private practitioner diagnosed Tuberculosis based on a positive Mantoux test, despite a negative AFB smear, and initiated Anti-Tubercular Therapy (ATT).

After one month of ATT, she experienced severe adverse effects, including a worsening of her initial symptoms and the progression of the macules into painful cystic lesions. These symptoms subsequently subsided upon discontinuation of the ATT. Due to the onset of the COVID-19 pandemic, she did not seek further medical consultation and adapted to living with her symptoms for approximately two years. In the past two years, her symptoms such as loss, weight loss (despite adequate food intake), arthritis, and morning stiffness (lasting 40 minutes) were noticeably aggravated. She then consulted a rheumatologist and was diagnosed with Systemic Lupus Erythematosus (SLE), evidenced by a positive ANA test. Her symptoms showed significant relief with prescribed SLE medications. However, she reports that any discontinuation of medication, even for a single day, leads to a rapid relapse of her symptoms. This led her to seek Ayurvedic treatment.

Personal History:-

The patient reports a history of chronic constipation for which she is currently taking Lactulose weekly once or twice. Appetite is moderate. They experience normal micturition with no reports of dysuria or discoloration. Sleep is generally sound, lasting 6-7 hours nightly.

FAMILY HISTORY:-

Mother has Auto-immune thyroiditis
Maternal grandfather and maternal first cousin have Rheumatoid Arthritis.

Case Timeline:-

2013	Vitiligo patches began to appear on lips	
April 2019	Began to lose weight unintentionally	

July 2019	Insidious onset of fever, joint pain, decreased appetite, red & raised macular skin lesions on the cervical region, along with severe hairloss, insomnia	Anti-pyretics (Paracetamol) and Antibiotics
August 2019	Diagnosed with TB (with positive mantoux test); commencement of ATT drugs	ATT - Combination pill of izoniazide, rifampicin, pyrazinamide and ethambutol; Multi-vitamin
August-September 2019	Progression of skin macular lesions into painful cystic lesion and aggravation of joint pain	ATT - Combination pill of izoniazide, rifampicin, pyrazinamide and ethambutol; Multi-vitamin
September 2019	Complaints worsened as adverse effect of ATT; immediate cessation of ATT	Discontinued ATT
October 2019	Exacerbation of adverse effects subsided	No medication
November 2019-March 2020	Was under allopathic medications	NSAID & Steroids
April 2020-2024	Didn't take any medications; patient began to live with the symptoms	Discontinued medications
August 2022	Repeated ANA test- results were Positive.	No medications were taken during this period
November 2022-March 2025	Under Ayurvedic medications	
	Ama Avastha	*Saptavimshati Guggulu* *Sooranadi Lehya* *Panchagavya ghrita* *Usheera alka* *Kantabhraka* *Sindhoora* *Danti haritaki for Sadyo- virechana* (once a month for 3 consecutive months)
	Nirama Avastha	*Maha Kalyanaka Ghrita* *Amrita-Bhallataka* *Dhatri Avaleha* *Usheera Alka* *Triphala Churna*
	Rasayana	*Agastya Haritaki Lehya* *Chaushashti Prakara Pippali* *Triphala Churna*
March 2025	Patient had significant improvement after treatment with Negative ANA test	

Examination:-

General Examination:-

On general examination, the patient's blood pressure was recorded at 110/80 mmHg. The heart rate was measured at 79 beats per minute, while the pulse rate was 86 beats per minute. The respiratory rate was observed to be 17 breaths per minute. The patient's height was measured at 172 cm, and her weight was 50 kg, resulting in a moderately thin Body Mass Index (BMI) of 16.9kg/m^2.

Systemic Examination:-

Joints Examination-

JOINTS	EXAMINATION FINDINGS
Wrist	Presence of swelling, redness, warmth on bilateral sides
Knees	Presence of swelling, redness, warmth, tenderness on bilateral sides
PIP	Presence of swelling and tenderness on all PIP joints of both the upper limbs
Ankle	Presence of swelling on bilateral sides

Dasavidha Pariksha

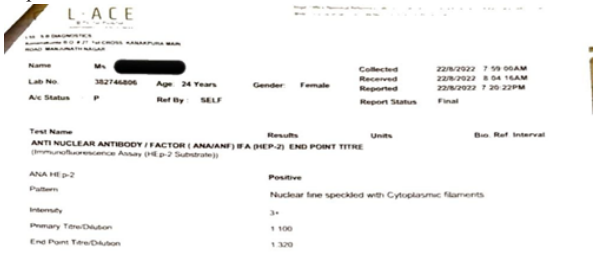
- *Prakruti: Kapha- Vata*
- *Vikruthi: Doshas- Pitta, Kapha*, *Dhatus – Rasa, Raktha, Mamsa, Asthi*
- *Sara: Asthisarapurusha*
- *Samhana*: *Madhyama*
- *Pramana: Madhyama*
- *Satmya: Sarva Rasa*
- *Satwam*: *Madhyama*
- *Vaya*: *Madhyama*
- *Ahara Shakthi*: *Avara*
- *Vyayama Shakthi: Avara*

Ashtasthana Pariksha

- *Nadi: Vata-Pitta*
- *Mutram: Prabhoota*
- *Malam: Vibandha; Ama*
- *Jihwa*: *Lipta*
- *Shabda: Spashta*
- *Sparsha: Ushna*
- *Drik*: *Pravara*
- *Akruthi: Madhyama*

OUTCOMES:-

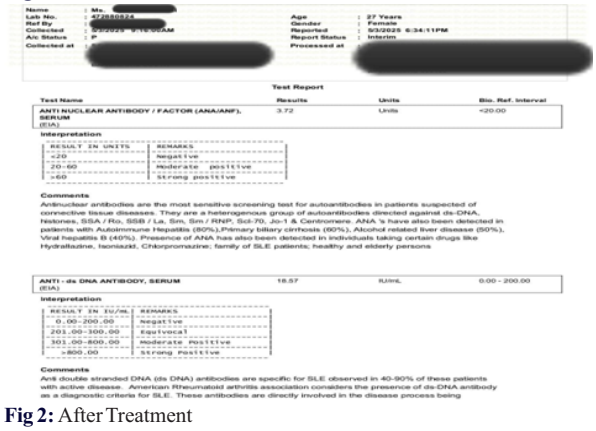
This patient's treatment led to a significant improvement in their clinical presentation. The patient reported a notable reduction in joint pain, with the average VAS (Visual Analogue Scale) score decreasing from 8 to 3. Joint stiffness was also substantially reduced. The occurrence of photosensitive lesions was drastically diminished, and hairfall was lessened. Additionally, the patient experienced a mild weight gain and an increase in overall strength. Their digestive health improved, with both appetite and constipation showing notable improvement.


L·A·C·E

Name Ms. [redacted]
Lab No. 382746806 Age 24 Years Gender Female
A/c Status P Ref By SELF
Collected 22/8/2022 7 59 06AM
Received 22/8/2022 8 04 15AM
Reported 22/8/2022 7 26 22PM
Report Status Final

Test Name	Results	Units	Bio. Ref. Interval
ANTI NUCLEAR ANTIBODY / FACTOR (ANA/ANF) IF A (HEP-2) END POINT TITRE (Immunofluorescence Assay (HEp-2 Substrate))			
ANA HEp-2	Positive		
Pattern	Nuclear fine speckled with Cytoplasmic filaments		
Intensity	3+		
Primary Titre/Dilution	1:100		
End Point Titre/Dilution	1:320		

Fig 1: Before Treatment


Name Ms. [redacted]
Lab No. 472880924
Ref By [redacted]
Collected 5/3/2025 9:16:00AM
A/c Status P
Collected at [redacted]
Age 27 Years
Gender Female
Reported 5/3/2025 6:34:11PM
Report Status Interim
Processed at [redacted]

Test Report

Test Name	Results	Units	Bio. Ref. Interval
ANTI NUCLEAR ANTIBODY / FACTOR (ANA/ANF), SERUM (EIA)	3.72	Units	<20.00

Interpretation

RESULT IN UNITS	REMARKS
<20	Negative
20-60	Moderate positive
>60	Strong positive

Comments
Antinuclear antibodies are the most sensitive screening test for autoantibodies in patients suspected of connective tissue diseases. They are a heterogenous group of autoantibodies directed against ds-DNA, Nucleosomes, SSA / Ro, SSB / La, Sm, Sm / RNP, Scl-70, Jo-1 & Centromere. ANA 's have also been detected in patients with Autoimmune Hepatitis (80%),Primary biliary cirrhosis (90%), Alcohol related liver disease (50%), Viral hepatitis B (40%). Presence of ANA has also been detected in individuals taking certain drugs like Hydrallazine, Isoniazid, Chlorpromazine; family of SLE patients; healthy and elderly persons

ANTI - ds DNA ANTIBODY, SERUM (EIA)	18.57	IU/mL	0.00 - 200.00

Interpretation

RESULT IN IU/mL	REMARKS
0.00-200.00	Negative
201.00-300.00	Equivocal
301.00-800.00	Moderate Positive
>800.00	Strong Positive

Comments
Anti double stranded DNA (ds DNA) antibodies are specific for SLE observed in 40-90% of these patients with active disease. American Rheumatoid arthritis association considers the presence of ds-DNA antibody as a diagnostic criteria for SLE. These antibodies are directly involved in the disease process being

Fig 2: After Treatment

DISCUSSION:-

DISCUSSION ON *SAMPRAPTI* INVOLVED IN THIS CASE:-

Systemic Lupus Erythematous being a multisystemic chronic inflammatory auto-immune condition, in this case it has been perceived in the lights of *Sannipataja Pandu Roga*.

Pandu Roga Nidana can be drawn parallel to the etiologies involved in SLE with the following factors- *Aharaja Nidana* such as *Ati Amla, Katu, Viruddha Ahara* and *Masha* based preparations can constitute to pro-inflammatory dietary habits, re-emphasizing the gut involvement in SLE . *Viharaja Nidana* such as *Divasvapna* and *Avyayama* can be considered as the unhealthy lifestyle involvement in SLE. All these can lead to weakened immune systems and could be a leading factor in auto-immune pathology which in turn can be understood in Ayurveda

as *Agni Mandhyam* and *Rasa Dhathu* vitiation leading to under nourishment of *Dhatu* and its functions. Stress has been established as one of crucial triggering factors in SLE which can be explained as the *Manasika Bhava* involved in *Pandu* such as *Krodha* and *Bhaya* as seen in this patient.

The prominent features of SLE such as arthritis, photo-sensitive skin rash (Sub-cutaneous Lupus lesion) are seen in this case along with increased skin dryness and dullness. On looking under lens of *Guna Siddhanta*, these features can be explained as follows- Arthritis as increased *Sthamba, Ruksha, Ushna Guna*; Photo sensitive rashes are due to *Ushna, Tikshna, Ruksha Guna* whereas skin dryness and dullness involves *Ruksha, Ushna Guna*.

Investigations taken in this case to confirm SLE were Anti- ANA and Anti- Ds DNA. These antibodies, being produced to attack the nucleus and double stranded DNA in the human body respectively, signifies increased *Tikshna, Ushna, Drava* with *Chala* and *Sukshma* of *Pitta* and *Vata* respectively.

Considering the involvement of *Vataja Pandu Lakshana* such as *Vibandha, Sandhi Ruja*; *Pittaja Pandu Lakshan*a such as *Jwara, Daurbalya, Sheetakamita; Kapha Lakshana* such *Aruchi* and *Gaurava*, this case has been diagnosed as *Sannipataja Pandu* (*Kapha* and *Pitta* being in the *Tara* and *Tamah Avastha*). Treatment protocol has been framed on the basis of *Pandu Chikitsa Siddhanta* with high regards to *Guna Siddhanta* of involved *Dosha* & *Dushya*.

Discussion On Internal Medications:

In the first phase (*Ama Avastha*), the medicines were given to bring out the *Ama Pachana* and *Srotoshodhana* effect simultaneously, helping in reducing the intensity of the symptoms. Hence the following medicines were chosen based on their *Guna* and *Karma*. *Sapthavimshathi Guggulu* is a key formulation for its *Deepana, Shodhana, Lekhana, Shothahara,* and *Shoolahara* properties, with specific actions on *Shrava Sodhana* and *Arshoghna*. It possesses *Laghu, Ruksha,* and *Ushna* qualities, aligning with *Agni* and *Vayu Mahabhutas*[4]. To address digestive and systemic issues, *Sooranadi Lehya* is employed for its *Deepana* and *Pachana* effects, along with its specific *Moodavatanulomana* and *Arshas* indications[5]. *Panchagavya Ghrita Capsules* are used for their *Agnideepana, Srotoshodaka, Rasayana*, and *Vata-Pittahara* effects. They are particularly beneficial for neurological and psychological health, acting as *Medhya, Smrutikara,* and *Manovaha Srotodushtihara*[6]. *Usheera Alka* consists major ingredients such as *Usheera, Sariva, Raktha Chandana, Yashtimadhu* which are all *Pittahara* in nature and has *Yakrut Uttejaka* property. The formulation *Kanta Abhraka Senduram* is utilized for its *Deepana* and *Balya* properties, along with its ability to pacify *Kapha* and *Pitta*. *Danti Haritaki Lehya* provides a potent *Virechaniya Karma* and is *Srotoshodaka* and *Deepana-Pachana*, with *Guru*, *Sara*, *Ushna*, *Tikshna*, *Sukshma*, and *Vyavayi* qualities[7]. At the end of this treatment phase, a significant improvement in the inflammatory signs and frequency of flare-ups were significantly decreased. Joint stiffness and warmth were greatly reduced whereas only a moderate improvement in arthralgia was seen. Appetite was improved and bowel movement was comparatively changed with passing of stools daily but straining was noted. During this period, frequency of photosensitive lesions episodes was reduced to about 2-3 times.

After ascertaining the attainment of *Nirama Avastha,* next set of medicines advised are as follows: *Maha Kalyanaka Ghrita* for its *Sannipatahara* and *Rasayana Karma*[8], which greatly addresses the *Pandu*. *Amrita Bhallataka* is included for its *Vata-Kaphahara*, *Srotoshodhaka*, and *Rasayana* actions, providing additional *Shothahara* and *Shulaprashamana*[9] actions. For enhancing blood health and circulation, *Dhatri Avaleha* is prescribed. It exhibits *Raktaprasadaka*, *Raktashodhaka*, and *Shonitasthapana* properties. It is also a *Rasayana* and *Balya*, with moderate *Deepana, Pachana*, and *Srotoshodhaka* actions[10]. *Usheera Alka* was continued for its aforesaid actions. *Triphala Churna* acts as an *Anulomana* and *Rasayana*. At the end of this course, patient had almost no flare-up episodes and significant reduction in joint pain was seen. No episodes of photosensitive lesions were observed either. Hair fall was reduced to about 100 strands per day. Patient's bowel movement was regularized.

As the final phase of treatment, *Rasayana Prayoga* was adviced for enhancing the immune systam and regularizing the metabolism thereby preventing further relapses. For which the below mentioned medications were adviced. *Agastya Haritaki* is *Kaphavatahara*, with *Laghu, Ruksha, Ushna,* and *Tikshna* qualities, promoting *Vatanulomana*[11]. *Chaushasti Prakara Pippali* is included for its *Rasayana,* immuno-modulatory, and *Vatanulomana* properties. This was continued for about 3 months, after which the patient had a remarkable overall improvement with a negative ANA test report. Though patient didn't gain weight as much as expected still about 3kg weight gain was observed at the end of treatment.

CONCLUSION:

The Ayurvedic management of this case, which clinically correlated with Systemic Lupus Erythematosus (SLE), was conducted using *Guna Siddhanta* rather than a traditional diagnosis. This individualized approach addressed the patient's complex presentation by considering the specific qualities of the disease and the therapeutic substances, with the objective of restoring fundamental equilibrium. The treatment protocol proved effective, as demonstrated by a post-treatment negative ANA report.

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