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Comprehensive Ayurvedic Approach to Scleroderma Management: A Case Study with Focus on *Vatarakta*

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Abstract:
Scleroderma, an autoimmune connective tissue disorder, is characterised by excessive collagen deposition, resulting in skin tightening, joint stiffness, and Raynaud's phenomenon. Conventional treatments often focus on symptomatic management, while Ayurvedic protocols offer a holistic approach targeting the root cause of the disease. This case study details the successful Ayurvedic management of a 15-year-old female diagnosed with diffuse-grade scleroderma, presenting symptoms of skin induration, joint contractures, and digital ischemia.

The ayurvedic diagnosis of *Vatarakta*, a vitiated Vata and Rakta condition, was made based on clinical presentation. Treatment focused on *Shodhan* (internal purification) and *Shaman* (pacification) therapies, including the use of *Guduchi Ghanavati*, *Mahamanjishthadi Kwath Ghanavati*, and *Pippali* , alongside dietary modifications and lifestyle interventions. Over six months, the patient showed significant improvement in joint mobility, skin flexibility, and overall health, with a substantial reduction in Raynaud's phenomenon and ulceration. The intervention prevented disease exacerbation, as confirmed by long-term follow-up.

This case highlights the potential of Ayurveda to manage autoimmune conditions like scleroderma by addressing the imbalance of doshas and improving immune resilience. The treatment not only alleviated symptoms but also improved the patient's quality of life, supporting the use of integrative approaches for chronic, degenerative conditions.

Keywords: *Scleroderma, Vatarakta, Epigenetic, Raynaud's Phenomenon*

Introduction:

Scleroderma is an autoimmune, multi-systemic connective tissue disease, characterized by excessive collagen deposition and widespread microvascular abnormalities[1]. In Greek, *skleros* means hard or indurated, and *derma* means skin. This disease presents with sclerodactyly due to collagen accumulation, in combination with Raynaud's phenomenon and digital ischemia[2]. Although uncommon, scleroderma affects approximately 1/100,000 individuals among the Caucasian population,

with a prevalence of 5/100,000 and an incidence of 1/100,000. Higher rates are seen in countries like the USA, Australia, and Eastern Europe, while lower rates are observed in Northern Europe and Japan[3].

In Ayurveda, scleroderma can be compared to *Vatarakta*, a condition involving joint pain and inflammation due to vitiated *Vata* and aggravated *Rakta* (blood)[4]. Treatment modifications can be done based on the balance of *doshas* (biological energies), *dhatus* (body tissues), and *dushyas* (impurities). This case report discusses the Ayurvedic management of scleroderma with reference to *Vatarakta*.

Case Presentation

A 15-year-old female patient was diagnosed with diffuse-grade scleroderma by a dermatologist. She presented with symptoms including:

- Tightening of the skin with lesions over the trunk, chest, and face
- Lesions over the oral mucosa, cracked lips, fever, malaise, and fatigue
- Significant weight loss (approx. 11 kg)
- Reduced range of movement due to contractures in the proximal interphalangeal (PIP) joints, wrists, elbows, and ankles
- Fingers were cold to the touch with white discolouration

These symptoms had progressed over three years. The patient had consulted multiple specialists but found no relief. Based on Ayurvedic principles, her condition was diagnosed as *Vatarakta*.

Family History

- **Mother:** Diagnosed with Systemic Lupus Erythematosus (SLE)

Clinical Examination

- **General Examination: Pallor –** present**;**
- **Icterus, Cyanosis, Clubbing, Lymphadenopathy, Edema –** absent
  BP and Pulse – within normal range
- **Systemic Examination:**
  - **Cardiovascular System (CVS):** No abnormalities detected
  - **Central Nervous System (CNS):** Higher functions intact
  - **Respiratory System (RS):** AEBE clear
  - **Per Abdomen (P/A):** Soft, non-tender
- **Local Skin Examination:**
  The skin was rough, tightened, and inflamed with blackish discolouration and calcinosis. Ulcers were noted over the oral mucosa. Raynaud's phenomenon was positive.
- **Laboratory Investigations:**
  Haematology revealed pancytopenia and elevated ESR. Sr. Uric Acid was slightly elevated, while ANA and RA tests were positive. Histopathology confirmed scleroderma, and Sr. Calcium levels were low. Sr. Creatinine and Sr. Urea were within normal limits.

Management

***Shodhana* (Detoxification) Treatment**

Given the patient's age, *bala* (strength), and signs like mouth ulcers, *Shodhana* treatment was deemed unsuitable. Since there was no confirmation of oesophagal hardening, internal purification methods were avoided[5].

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Shamana (Palliative) Treatment [Table 1]

The following treatments were prescribed:

Table 1: Shaman Treatment

Medicine	Dose	Time
Guduchi Ghanvati	**750 mg**	**TDS post meal**
Mahasudarshana Ghanavati	**500 mg**	**TDS post meal**
Mahamanjishthadi kwath	**750 mg**	**TDS post meal**
Sitopaladi Churna	**2 mg**	**TDS With honey**
Yashtimadhu and Gokshur (1gm each siddha Dugdha (100ml) with *Ghrita* (5ml)		**For *Rasayana* therapy Twice daily two hours before meal**
Pippali Rasayana with Ksheerpaka		**For *Rasayana* therapy Twice daily two hours before meal**

- ***Guduchi* (*Amruta*) is the drug of choice for *Vatarakta* due to its *Tikta rasa* (bitter taste), which pacifies both *Vata* and *Pitta* and purifies the blood[6].**
- ***Mahamanjishthadi Kwath* contains drugs with *Tikta rasa* that are effective in treating skin diseases[7].**
- ***Mahasudarshana Churna* was prescribed for morning stiffness and fever.[8]**
- ***Sitopaladi Churna* was used as an *Agnivardhak* (appetizer) and *Balavardhaka* (strength enhancer).[9]**
- ***Yashtimadhu*[10], *Gokshur*[11], and *Pippali* [12]were given as rejuvenation therapies.**

After three months, *Mahasudarshana* was replaced by *Mahamanjishthadi Ghan* to target skin symptoms. Six months later, stiffness in the PIP joints reduced, allowing the patient to write again. After six months of treatment, the patient was maintained on *Amruta Ghan* 750 mg TDS.

Dietary Management

Due to oral ulcers, the patient was initially unable to consume solid foods. A liquid diet consisting of coconut water, pomegranate juice, and liquid rice broth was administered for the first three weeks. As the ulcers healed, the diet was gradually modified to include grapes, dates, apricots, figs, and eventually protein-rich grains and pulses.

Once the symptoms reduced, the patient was advised to follow a normal diet with certain restrictions.

Lifestyle Modifications

The patient was instructed to avoid daytime sleep, heavy physical exertion, spicy, sour, and salty foods. *Ghee* and periodic digestion-enhancing therapies (*pachana*) were recommended.

Outcome and Follow-up

After three months of treatment, the patient's symptoms were significantly controlled:

- She gained 3 kg in weight
- Pain and stiffness in the joints reduced
- The patient could make a fist and perform daily tasks

Over a two-year follow-up, there were no further complications or disease progression.

Discussion

Scleroderma is a chronic, incurable disease. However, with an appropriate treatment

strategy, the quality of life and life expectancy of patients can be improved. Ayurvedic interventions, guided by *dosha* and *Dushya* involvement, demonstrated significant improvement in this case. The patient's symptoms, such as Raynaud's phenomenon and joint contractures, correspond with *Vatarakta* in Ayurveda, and a combination of *Shamana* treatments and dietary adjustments led to positive outcomes. Medicinal and dietary interventions likely improved the patient's *agni* (digestive fire), balanced *doshas*, and enhanced immune function, thus improving the quality of life. Genetic expressions may also be modulated through lifestyle changes like *Dinacharya* (daily regimen) and positive conduct.

This case supports the idea that Ayurvedic management of *Vatarakta* can be applied to autoimmune conditions like scleroderma, Systemic Lupus Erythematosus (SLE), and Rheumatoid Arthritis (RA).

Conclusion

The integrated approach of Ayurveda, combining diet, lifestyle, and personalized treatment, offers a promising avenue for managing scleroderma. Although the disease is incurable, Ayurveda's holistic protocol can provide symptomatic relief and improve patients' quality of life.

Patient's Perspective

Before starting the Ayurvedic treatment, I was struggling with my daily activities. The tightening of my skin, joint pain, and ulcers in my mouth made it impossible for me to move my fingers, eat solid food, or even sleep properly. My hands would turn white and cold, and I couldn't write or use them for basic tasks. Despite visiting multiple doctors, the treatment options offered little relief, and I was losing hope.

When I started the Ayurvedic treatment, I was unsure of how it would help. However, within the first three months, I noticed gradual improvements. The medicines, combined with dietary changes and lifestyle adjustments, not only eased the stiffness in my joints but also improved my energy levels. The ulcers in my mouth healed, and I was able to start eating normally again. Over time, I regained the ability to write, use my hands, and even gain some weight back.

The treatment was gentle, and I didn't experience any side effects. After six months, I felt like I had regained control over my life. The improvement in my symptoms has been remarkable, and I am deeply grateful for the support and guidance I received through Ayurveda.

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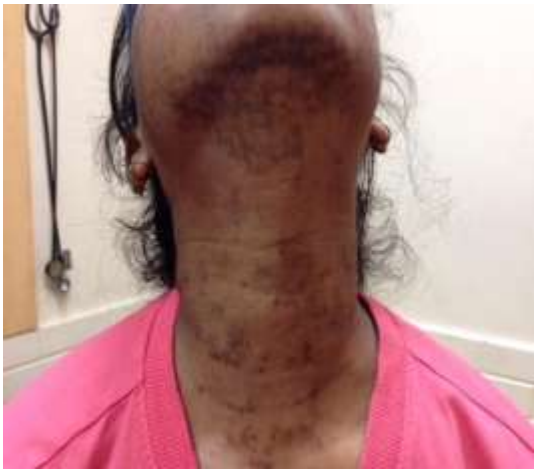

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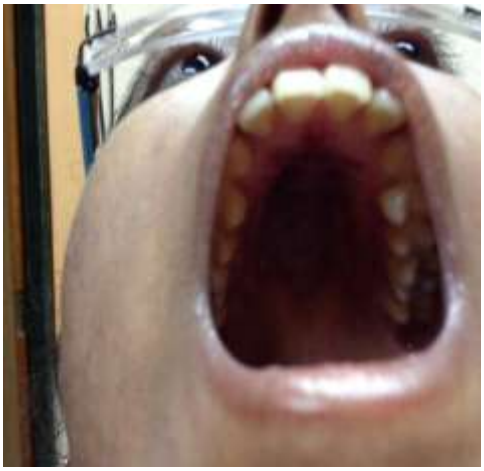

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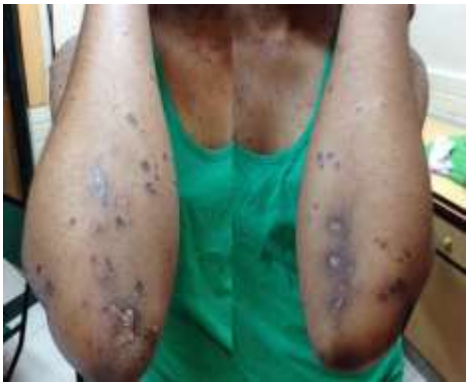

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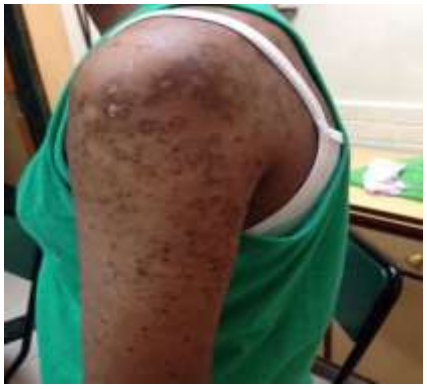

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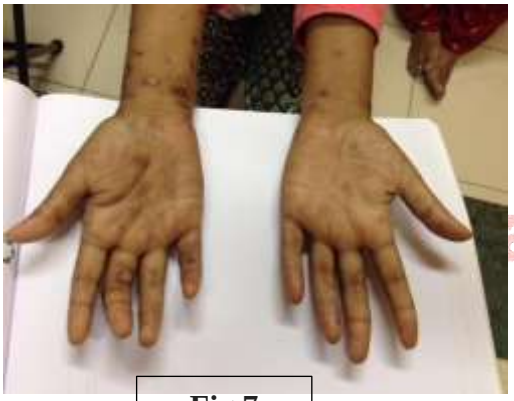

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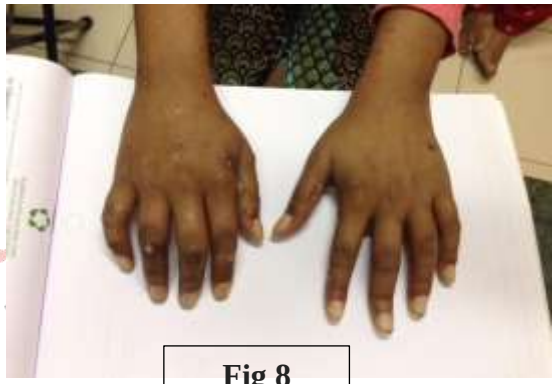
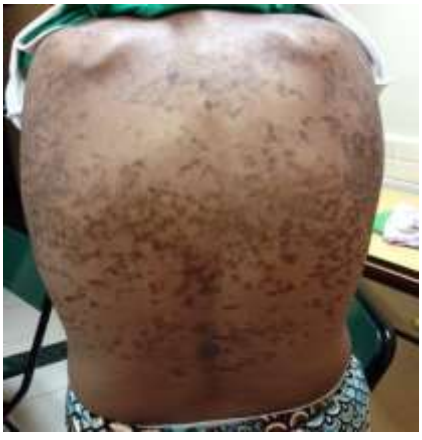


Fig 8



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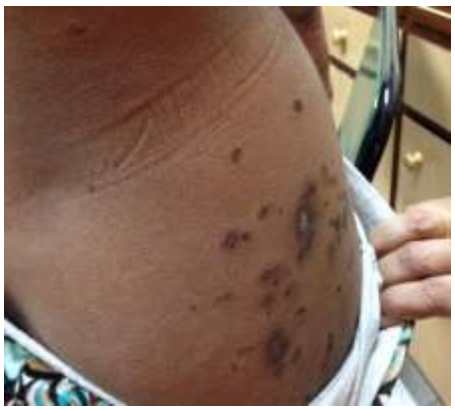

Fig 6