



Ayurvedic approach in Auto Immune Diseases - Observational Case Series

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Abstract:

Disease are mainly of two types, infectious and non-infectious and later can be seen under degenerative, metabolic, and Autoimmune disorders. Autoimmune diseases comprise of approx. 50 – 52% of hospital burden over the running government policies thus creating an alarming sign. Hence it's a burning issues for the nation as it is affecting all the genres and categories of society. Remission is the possibility of auto immune disorders but current treatment protocol, strategies are not able to achieve it, so there is a need to explore Ayurveda and have rational (purely) or integrated Approach towards Auto immune disorders.

Keywords: Auto-immune, Shodhan Chikitsa, Agni mandya

Introduction :-

Diseases are mainly of two types i.e. infectious and non-infectious. Non-infectious diseases can be seen under degenerative, metabolic and autoimmune diseases. Today, over all in the world about 41 million deaths per year (71% deaths globally) due to non-communicable diseases in which rather than metabolic disorders and degenerative disorders autoimmune diseases are also playing an important role. Day-by-day the prevalence rate of autoimmune diseases is increasing in frequency, severity and numbers as well. Thus adding up an alarming sign to the upcoming generation or community of all the age groups as well the government who is running the various health policies. According to 2014 study women get auto immune diseases at the rate of about 2 to 1 compared to men – 6.4 % of women vs 2.7 % of men. Often the disease starts during a woman's child bearing years (ages 15 to 44)

In *Ayurveda* there is mentioning of *viruddha aahar*, *ama*, *agni* as causative agent of mainly all the *rogas*.

रोगाऽपि सर्वे मन्दज्ग्नौ ।

One can also get the reference for autoimmune response of the body in *Charaka Samhita Sutra Sthanam* as –

नगरी नगरस्येव रथस्येव रथी सदा ।

स्वशरीरस्य मेधावी कृत्येष्ववहितो भवेत् ॥

च.सु.५/१०१

In autoimmune disorders remission of the diseases is most common which is not able to achieve by the current treatment protocol, so there is a need to explore *Ayurveda* and have rational (purely) or integrated approach towards the autoimmune diseases with the help of basic principles related to *aahar*, *ama*, *agni*.

A “WESTERN DIET” is one of the suspected risk factor for developing an auto
Data :-

immune disorder; eating high fat, high protein, high sugar or high intake of processed foods is thought to be linked to inflammation i.e. rise in inflammatory markers which is nothing but undigested or improper digested part of high fat, protein or sugar resulting into glycoprotein/ lipoprotein molecule formation which is nothing but the *Ama* mentioned in the *Ayurveda* text.

Aims & Objectives :-

1. To study the effect of *ayurvedic management* in Autoimmune diseases.
2. To record the different types of autoimmune diseases cases which have obtained *ayurvedic management* in their respective due course.

Materials & Methodology :-

Study Design :- Retrospective data collection of Auto Immune Diseases from our institute's OPD & IPD.

Case	Age	Sex	Diagnosis
A	41 YEARS	FEMALE	AAMVATA (R.A)
B	52 YEARS	FEMALE	AAMVATA
C	21 YEARS	MALE	JWAROTTAR SANDHIVATA (POST FEBRILE ARTHRITIS)
D	52 YEARS	FEMALE	AAMVATA (R.A)
E	48 YEARS	FEMALE	KITIBH KUSHTHA

			(PALMAR PSORIASIS)
F	53 YEARS	FEMALE	AAMVATA (R.A)
G	34 YEARS	MALE	ANKYLOSING SPONDYLITIS
H	23 YEARS	FEMALE	ANKYLOSING SPONDYLITIS
I	48 YEARS	FEMALE	SANGRAHANI (IBD)
J	50 YEARS	FEMALE	KITIBHA KUSHTHA (DM + PSORIASIS)
K	46 YEARS	MALE	G.B SYNDROME
L	66 YEARS	MALE	PSORIASIS

CASE	DIAGNOSIS	SHODHANA	OTHERS
A	R.A	VIRECHANA YOGA BASTI MATRA BASTI	ERANDA + SHUNTHI SHUNTHI LEP
B	AAMVATA	VAITRANA	VALUKA SWED
C	POST FEBRILE ARTHRITIS	ERANDA- MULLAADI VAITRANA	ERANDA + SHUNTHI KWATHA
D	R.A	ERANDA- MULLAADI BASTI	NADI SWEDA
E	PALMAR PSORIASIS	KUTKI GHRUT VIRECHAN	MAHATIKTA L.A.
F	R.A	VAITRANA	PATRA POTTALI
G	ANKYLOSING SPONDYLITIS	VAITRANA	PRUSHTHA BASTI LANGHAN
H	ANKYLOSING SPONDYLITIS	VIRECHANA	SANSHAMANI SWIMMING
I	IBD	PICHA BASTI	PARPATI KALPA
J	DM + PSORIASIS	YOGA BASTI	KUTKI GHRUT – ANUVASAN

			PANCHTIKTA KWATH – NIRUHA
K	G.B. SYNDROME	NASYA PINDA SWEDA	PTH ROUPYA ABHRAK
L	PSORIASIS	KUTKI GHRUT VIRECHAN	MAHATIKTA L.A.

Results :-

Case A – Aamvata (R.A) shows R.A test – 26.8 (Positive), ESR – 99 mm, ASO Titre – 220 (Positive) before treatment; R.A test – Negative, ESR – 13 mm after treatment; symptomatically patient showed significant changes in joint swelling, pain and range of movements of joints

Case B – Aamvata (? Samasandhigata vata) – Decreased in Joint swelling, Pain, stiffness and increased in range of movements of all joints. Symptomatically significant changes seen.

Case C – Jwarottar Sandhivata (Post febrile arthritis) – Involvement of major joints B/L knee joint and B/L elbow joint with morning stiffness, swelling, *ushna sparsha*, *sparsha asahatva*, restricted movements. After the treatment the patient showed significant changes in swelling, *ushna sparsha*, *sparsha asahatva*.

Case D – Aamvata (R.A) shows R.A test – 185 (Positive), ESR – 85 mm before treatment; R.A test – 35 (Positive), ESR – 30 mm after treatment. Though the investigation R.A test is positive after the treatment it has a significant changes in the value with thus decrease in the inflammatory markers from the body thus reducing the

immune response of the body against its own body cells.

Case E – Kitibha Kushtha (Palmar Psoriasis) shows significant changes in the following signs and symptoms

SIGNS	BEFORE Rx	AFTER Rx
Kandu	+++	Negative
Twak Rukshata	+++	+
Twak Sfutana	+++	+

Case F – Aamvata (R.A) shows Anti CCP – 125.95 (Positive) before treatment with right sided radiating pain from lumbar region to toe, right sided knee joint swelling and pain. Patient showed remarked changes in the radiating pain, but discharged without completing the panchakarma treatment thus post treatment Anti CCP reporting is not been done.

Case G – Ankylosing spondylitis shows HLAB 27 – Positive, Anti CCP – Positive with VAS scale average – 2.57, Stiffness - +++, Range of movement - +, Tenderness on examination - ++, Forward bending – 165 degree, backward bending – 0 degree before treatment; VAS scale average – 0.14, Stiffness - ++, Range of movement - ++, Tenderness on examination - +, Forward

bending – 150 degree, backward bending – 0 degree after treatment. Patient is on modern medicine in tapering manner.

Case H – Ankylosing Spondylitis shows HIAb 27 – Positive, Anti CCP – Positive with Pain Sacroiliac Joint before the treatment. Patient after virechan continued with Samshamani Vati and Swimming for exercise thus reduction in the above mentioned complaints.

Case I – Samgrahani (Inflammatory Bowel Disease) – OGD Scopy – Duodenitis, loose stools 6 to 8 times per day, mucous discharge, pain in abdomen, anorexia, belching, burning in epigastric region and chest before treatment; X-ray Barium meal s/o gastritis rest G.I tract is normal, loose stools 1 to 2 times per day, no mucous discharge, no anorexia, reduced belching, increased in food intake after treatment. Increase in weight by 2 kg.

Case J – Prameha with Kitibha kushtha (DM with Psoriasis) – Treatment on going. Patient came with severe itching all over the body with *rakta vaivarnata*, *kandu*, *twak rukshata*, patient was taking modern medicine as Atarax and Levo cetirizine. *Yoga basti* started as *anuvasan – kutki ghruta* and *niruha – panchtikta panchprasrutika kwath basti*. Modern medicine stopped on the day 2 of *basti*, patient showed remarked changes in *rakta vaivarnyata*, *kandu* after the day 5 of *basti*. All the lesions were suppressed on after 8th day of *basti*

Case K – G.B. Syndrome Patient with EMG report – demyelination of the nerves with diagnosis axonal polyneuropathy/GBS. Patient taken Immunotherapy i.e

immunoglobulins injections and then referred to our hospital with all parameters and vital stable, bed ridden, no muscle power, urine incontinence (catheterisation done), slurred speech, drooping of eyelid before treatment; Regular physiotherapy, *Pinda sweda*, *Nasya* and *basti* the patient showed remarked changes in urine control and speech. Further showed progression in standing, walking. Till the treatment was going on patient was able walk without support but the small stepping gait.

Case L - Kitibha Kushtha (Psoriasis) shows significant changes in the following signs and symptoms

SIGNS	BEFORE Rx	AFTER Rx
Kandu	+++	Negative
Twak Rukshata	+++	+
Rakta vaivarnya	+++	+ (shyava vaivarnya)

Discussion:-

In above all mentioned 12 cases there are 4 cases of *aamvata* (R.A), 1 case of *jwarottar sandhigata vata* (post febrile arthritis), 2 cases of ankylosing spondylitis, 3 cases of *kitibha kushtha* (psoriasis), 1 case of G.B. Syndrome and 1 case of Samgrahani (IBD). The ayurvedic treatment and the panchkarma therapies alongwith diet and exercise played an important role in treating or subsiding the signs and symptoms of the patient. The above mentioned treatment was rational (pure) or integrated in some cases as mentioned in the results. The treatment principle of the shodhana is to eliminate the

inflammatory markers (aam) from the body *paaka* (digestion of undigested protein molecule) due to *dipana*, *pachana*, *langhana*, *strotomukhashodhana*. In the cases treated with *virechana* it is followed by *sneha paana* which is nothing but helps to dissolve the undigested lipoprotein/ glycoprotein molecule (as they are fat soluble molecule) and hence elimination of the inflammation inducing molecule (*doshas*) from the body resulting in immediate results in the patient signs and symptoms.

Hence, with the help of above evidences one can have further detailed research study work in the cases of auto immune diseases rationally or integratedly to give best results in patients.

Conclusions:-

From the above all observations, results & discussions it can be concluded

that Ayurvedic management plays an important role in Auto-Immune Diseases in the rational(pure) or integrated type of management.

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