

AYURVEDA MANAGEMENT OF DISCOID LUPUS ERYTHROMATOSIS/
UBHAYASHRITA PITTAJA VATARAKTA – A SINGLE CASE STUDYDr. Shrilatha Kamath T.^{1*} and Dr. Suma Mallya²¹Professor & Head, Department of Kayachikitsa and Manasaroga, Sri Dharmasthala Manjunatheshwara College of Ayurveda & Hospital, Kuthpady, Udupi 574118.²Associate professor, Department of Dravyaguna, Sri Dharmasthala Manjunatheshwara College of Ayurveda & Hospital, Kuthpady, Udupi 574118.***Corresponding Author: Dr. Shrilatha Kamath T.**

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ABSTRACT

Lupus erythematosus is a group of diverse, persistent inflammatory autoimmune diseases and affects the skin. Discoid lupus erythematosus is the most common and chronic form of cutaneous lupus. It is characterised by persistent scaly, disc-like plaques on scalp, face and ears that causes pigmentary changes, scarring and hair loss. The condition is correlated to *Ubhayashrita Vatarakta* based upon its presentations. The case presented here is managed by *Virechana* followed by *Rasayana* (Rejuvenating) medicines which rectified the pathology of *Vatarakta* and relieved the symptoms.

KEYWORDS: Discoid Lupus Erythematosus, *Vatarakta*, *Rasayana*.**INTRODUCTION**

Discoid lupus erythematosus (DLE) is a chronic skin condition with inflammation and scarring favouring the face, ears and scalp and at times also on other body areas. These lesions develop as red, inflamed patches with scaling and crusty appearance.^[1]

Vatarakta explained as an example for *avarajanya vatavyadhi*, has vitiation of both *vata* and *rakta*, because of indulgence in particular predisposing factors like intake of various lentils in excess, eating during indigestion, suppression of few natural urges, lack of physical activities, long and fast journeys, which vitiate blood thereby hinder the free movement of *vatadosha* in the body. The combined disturbance of *vata* and *rakta* has two kinds of presentations; *Uttana*(superficial)and *Gambhira*(deep-State of the disease which gives an idea about the progression of the disease and involvement of multiple tissues and organs).^[2] This complex presentation of disharmony between Dhatu and Dosha with obstruction directs us towards Autoimmunity of modern pathology.

Autoimmunity is the failure of an organism in recognizing its own constituent parts as non self, which allows immune response against its bodies own cells and tissues. Any disease that results from such an aberrant severe immune response is termed as an autoimmune disease. Autoimmunity is often caused by a lack of germ development of a target body and as such has an immune response against its own cells and tissues. Discoid lupus

(discoid lupus erythematosus) is one among the chronic autoimmune diseases affecting the skin. It gets its name from the coin-shaped lesions it produces. This condition causes a severe rash that tends to get worse whenever exposed to sunlight. The rash can appear anywhere on the body, but is more likely on the scalp, neck, hands, and feet. Severe cases can also lead to permanent scarring, hyperpigmentation, and hair loss. The diagnosis of discoid lupus is generally made based on clinical features. Though skin biopsy is confirmatory test other supportive haematological reports are mandatory. DLE tends to run a less severe course than SLE and has a better prognosis as it doesn't affect the internal organs.^[3]

CASE REPORT

Moderately built female patient of age 45 years Normotensive, Euthyroid, Diabetic since 2 years presented with ulcers in buccal cavity, annular maculopapular skin lesions over lips, chest, upper back, hands, palms associated with itching with the history of 4.5 years.

At the beginning she had a small scratch over her lower lip accidentally. It turned into ulcer with a border and was quite painful, within 2-3 months she noticed similar kind of skin lesions over her chest associated with mild itching on exposure to sunlight and in buccal cavity associated with difficulty in oral intake due to pain. In a gap of one month she experienced fatigue, polyarthralgia, headache and myalgia. So consulted a dermatologist and was prescribed with certain

medications. But there was no improvement. She then consulted a physician at Hyderabad hospital and she was told that she has an autoimmune condition and prescribed her Tab HCQ 200mg 1-0-1 and she continued for 1 year. In this period her joint pain slightly reduced with waxing and waning of ulcers. So again consulted hospital at VIMS Bangalore. ANA profile showed positive results. Biopsy also showed positive results and she had a major symptom as Erythroplecia and fever so was suggested oral medications. Since then she has reduction in her pain in buccal mucosa and lips and polyarthritis but used to flare up without particular situations. Since 6 months she noticed skin patches on her scalp, hand and palms with itching.

Personal history revealed that the patient was vegetarian, with good appetite, with regular bowel movements and without any addictions, had good sleep and micturition was regular. Past medical history suggested dengue fever 6 years back and was infused packed cell volume. General examination of the patient showed dry and thin hair texture, with normal built, vitals being pulse rate 79/min, regular, respiratory rate 19/min, blood pressure of 120/70 mm Hg, and body weight of 58 kg.

Dermatological examination showed Erythematous, maculo-papular 3-4 skin lesions of size 0.5 mm to 2cm in diameter, which were discoid and formed polycyclic chain over upper back, chest and hands. Lesions were found distributed over scalp, lips, buccal cavity, upper chest and back, upper limbs and Malar rash on face. Lesions were erythematous and were said to be photosensitive. Skin surface was found to be dry and rough.

Haematological study showed normal total count, differential count. Lipid profile. Liver function tests and Renal functions test results not revealed any pathology. Histopathological punch biopsy of skin lesion revealed basal layer degeneration with perivascular mononuclear inflammatory cells in dermis, suggestive of systemic lupus erythematosus.

Dashavidha pariksha showed vata-pitta prakriti, with moderate ahara and jarana shakti. This particular pathology showed an interesting feature as aggravation of signs and symptoms on exposure to sunlight and after intake of sour, hot substances. Based on complete history, signs and symptoms *kushta*(skin disease), *visarpa*(herpes), *kota*(blisters), *udarada*(urticaria), *utkota*(papules) and *vataraktha* were considered for differential diagnosis.

Intervention

Vatarakta is mainly managed by Virechanakarma(purgation) for better management. External treatment in the form of *seka*(pouring), *abhyanga*(oil application) and *alepa*(application) is preferred. Based on doshik(vitiating factor) predominance different modes of measurement have been suggested. In vata vitiation oil intake and pouring oil at affected area are better, whereas in pitta vitiation purgation, cold pads are preferred. Emetics and hot applications are to be planned in kapha vitiation.^[4]

As this patient was presenting with *pitta* predominant symptoms it was treated with *Virechana* followed by pacification procedures. Patient was initially treated with tab *chitrakadi vati* 4-4-4 for 3 days, *Anabhishyandi gritha* for *snehapana* was advised till *samyak snigdha lakshana*(unctuous features). Later *Abhyanga*(oil application) with *Yastimadhu taila* and *Nimba patra parisheka*(pouring of decoction) for 3 days was administered and later *Virechana* with *Trivrit lehya* was given. *Shamana chikitsa* with Cap *Yashtimadhu* 4-4-4 was continued for 1 month after *samsarjana karma*.^[5]

RESULTS

All the parameters were assessed based on the scoring done priorly as shown in table 1. The scores were taken before the treatment, after *Virechana* and after follow up administering *Yashtimadhu rasayana*. *Virechana* followed by *Yashtimadhu* gave excellent results in the patient in all parameters such as number and size of lesions, Ulcers, Headache, Myalgia, Itching, Fatigue, Dry skin and Arthralgia as shown in table 2.

Table 1. Showing the scoring of parameters.

1	Number of lesions	
	No lesions	0
	< 5number	1
	5-10	2
	>10	3
2	Ulcer size	
	No ulcer	0
	< 1 cm	1
	1-2 cm	2
	>2cm	3
3	Headache	
	No Headache	0
	Headache not disturbing routine	1
	Headache disturbing routine	2

	Headache disturbing routine wanting painkiller	3
4	Myalgia	
	No Myalgia	0
	Mild on activity	1
	Severe on activity	2
	Present on rest	3
5	Itching	
	No itching	0
	Often mild type of itching (once/twice in a day)	1
	Moderate itching along with moderate itching episode (once/twice in a day).	2
	Moderate itching with severe itching episode (three to four times in a day)	3
6	Fatigue	
	No fatigue	0
	Mild	1
	Moderate	2
	Severe	3
7	Dry skin	
	No dryness	0
	Dryness with rough skin (Ruksha)	1
	Dryness with scaling (Khara)	2
	Dryness with cracking (Parusha)	3
8	Arthralgia	
	No Arthralgia	0
	Arthralgia in < 2 joints and mild	1
	Arthralgia in >2 joints and moderate	2
	Severe Arthralgia	3

Table 2. Treatment response.

S.N.	Parameter	BT	AT (Virechana)	AT (Yashtimadhu)
1.	Number of lesions	3	1	1
2.	Ulcers	2	1	0
3.	Headache	2	0	0
4.	Myalgia	3	1	0
5.	Itching	3	1	0
6.	Fatigue	3	1	0
7.	Dry skin	3	0	0
8.	Arthralgia	3	1	1

DISCUSSION

Vatarakta an *avarana*janya *Vatavyadhi* where there will be involvement of both *Vata dosha* and *Rakta dhatu*. Separate etiological factors of *vata dosha* and *rakta dhatu* separately causes the morbidity of *vata dosha* as well as *rakta dhatu*. Vitiating *vata dosha* further vitiates the *rakta dhatu*. This abnormal *rakta dhatu* by the way of *raktamargavarana* in turn obstructs the movement of *vata dosha* leading to the severe morbidity of *vata dosha*. Based on the specific *pittakara* or *kaphakara nidana* as specific to each patient the manifestation based on *dosha* will be seen. This is marked by development of clinical signs and symptoms of the disease. Thus the illness *vatarakta* clinically manifests in the body. Occurrence of discoloration of the skin in the form of reddish, bluish or blackish tinge is suggestive of morbid *vyana vayu* and involvement of the *rakta dhatu*. The same is also suggestive of abnormality of *raktavaha srotas*. Alteration of tactile sensation is pathognomonic of

involvement of skin. The different altered states of consciousness like *mada*(intoxication), *moha* (drowsiness), *murcha*(syncope) that occur in the later stage of the illness is suggestive of effect on *manas* and *hridaya*. The symptoms of *vatarakta* like *shoola*, *ruk*, *toda* etc point towards the affliction of *mamsa dhatu*. Pain at joint region indicates *asthi*(osteological factors) vitiation. Excessive or deficient sweating is indicative of involvement of *sveda*. Affliction of *dhatu* like *twak*, *rakta* and *mamsa* is suggesting *bahyarogamarga* in the disease and presence of symptoms like affliction of *sandhi* corroborates the relationship of *madhyama rogamarga* in *vatarakta*.

Thus a multisystem afflicting disease is best tackled by a procedure which will cleanse the whole body by means of purification therapy, here specifically *virechana* (purgation) as *pitta* is the main culprit in this case. *Deepana-pachana* followed by *snehapana* for the proper

utklesha(pathological irritation) of dosha was performed initially. Later *virechana*(purgation) karma was done for the cleansing of *pitta dosha* and also to rectify *rakta dushti*(blood). After *shodhana*, *shamana* precisely *Yashtimadhu rasayana* is planned so as to correct the *pitta dushti* and *rakta dushti*. The medication helped the case of *Uthana Vatarakta* (Discoid SLE) in reducing all the symptoms.

Yashtimadhu is used as *rasayana* medication in this condition. *Yashtimadhu* has *madhura rasa*, *sheeta virya* and *madhura vipaka*. It is *vata* and *pitta shamaka*. Studies conducted on modern scientific parameters have proved the healing, anti-ulcer, anti-inflammatory and skin regeneration activity of *Yashtimadhu*. Sodium glycyrrhizate possesses anti-ulcer activity and stimulation of regeneration of skin.^[5] The important chemical constituent of liquorice is glycyrrhizin and (about 2–9%), Glycyrrhetic (glycyrrhetic) acid (0.5–0.9%). Other active constituents of liquorice include isoflavonoids, chalcones, triterpenoids, coumarins, sterols, amino acids, lignans, gums and volatile oils. These are responsible for its various activities like antiulcer activity, wound healing activity, antithrombotic effect, antiviral, anti-inflammatory, hepatoprotective effect, cerebroprotective effect, antidyslipidaemic activity, antioxidant activity and anti-arthritic activity.^[6]

CONCLUSION

Based on clinical signs and symptoms a single case of systemic lupus erythematosus (*ubhayashrita vatarakta*) was taken, and treated with both *Shodhana* and *shamana* therapy. *Virechana* followed by *Yashtimadhu* gave excellent results in the patients in all parameters including the number of lesions, ulcers, headache, myalgia, itching, fatigue, dry skin and arthralgia.

REFERENCES

1. Discoid Lupus Erythematosus. American osteopathic college of Dermatology Available at <https://www.aocd.org/page/DiscoidLupusErythematosus>.
2. Agnivesha, *Charaka Samhita*, Yadavji Trikamji Acharya editor. 5th edition. Varanasi: Choukhamba Sanskrit Sansthan, 2001; 738.
3. Discoid Lupus. Healthline. Available at <https://www.healthline.com/health/discoid-lupus>.
4. Agnivesha, *Charaka Samhita*, Yadavji Trikamji Acharya editor. 5th edition. Varanasi: Choukhamba Sanskrit Sansthan, 2001; 738: 629-31.
5. Debabrata Das, S. K. Agarwal, and H. M. Chandola Protective effect of *Yashtimadhu* (*Glycyrrhiza glabra*) against side effects of radiation/chemotherapy in head and neck malignancies. *Ayu*, 2011; 32(2): 196–9.
6. Shobhit Kumar, Binod Bihari Dora. A Critical Appraisal on Phytochemical Constituents and Therapeutic Effect of *Yashtimadhu* (*Glycyrrhiza glabra*). *Research & Reviews: Journal of Medical Science and Technology*, 2017; 6(3): 6–10.