

**ROLE OF MANJISTADI KSHEERA BASTI AND RASAYANA YOGAS
IN THE MANAGEMENT OF PRAVRUDDHA PITTADHIKA
VATARAKTA (SLE WITH GLOMERULONEPHRITIS) – A CASE
STUDY**

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ABSTRACT

SLE is an autoimmune disease characterised by antibodies of nuclear and cytoplasmic antigens, multisystem inflammation and clinical manifestation of connective tissue, joint, kidney, CNS and hematopoietic system. quality of rakta dhatu is get affected by dushita pitta along with vata. about 1/3rd of people with SLE associated with lupus nephritis as an overlap syndrome. Here is a case of SLE with glomerulonephritis was managed with shodhana and rasayana kalpas. the case presented with blackish discoloration of bilateral lower limbs, Facial puffiness, BL Poedal oedema, debility, fatigue, exersional dyspnoea, mild tremors, Nausea, Multiple joint pain. In ayurveda the probable corelation being pittadhika vatarakta. Treatment has shown much better efficacy than contemporary medications. Churna basti and ksheera kala basthi followed by doshavyadhi prathyanika rasayana on

the line of vatarakta, pandu and shotha intervention was made. Symptoms got completely healed, RFT PROFILE was improved, Serum electrolytes become normal. There is need to integrate contemporary medicine to make system cure.

KEYWORDS: SLE, Glomerulonephritis, Pittadhika vatarakta, Pandu, shotha, poedal oedema, Ayurveda, Virechana, Basti.

INTRODUCTION

Systemic lupus erythematosus^[1] (SLE) is a chronic autoimmune disease of unknown cause that can affect virtually any organ of the body, Production of ANA are prominent feature of the disease, clinical heterogeneity of SLE and the lack of pathognomonic features contradicts the diagnosis. Positive serological finding of anti-dsDNA is highly associated with this condition. Abnormal urinalysis with or without an elevated plasma creatinine concentration is present at the time of diagnosis of lupus nephritis.^[2]

Prevalence and incidence of SLE in india varied from 3.2 to 3000per 100,000 and 1.4-11per 100,000 persons, respectively.^[3] Causes of SLE is unknown, it can affect the peoples of all age, among child bearing age women are at higher risk than men (Estimates that 4-12 women for every 1 man).50% of SLE patients are prone to the development of kidney disease. Failure of immunological proper response is root key for manifestation of pathogenesis. Constitutional clinical features of SLE^[4] are fatigue, fever and weight loss, arthralgia, skin rash etc with multisystem organ involvement.

In ayurveda chronic inflammatory autoimmune pathology fall under a spectrum of diseases like vatarakta, pandu, shotha. due to incompatible lifestyle, food habits of the present generation are most vulnerable causes to autoimmune pathologies. ‘prayashaha sukumaranam achankramana sheelinam’-vatarakta samprapti.^[5] The Vata and raktha doshas get elevated separately due to their own nidana.as the disease progresses, vitiated vata and rakta mutually obstruct their path, leading to the complete manifestation of samprapti. based on dosha predominancy, presenting complaints may vary, vitiated vata dosha causes joint pain, pain in legs, blackish discoloration while pitta dosha is responsible for fever and burning sensation. stiffness of joints, reduced appetite, reduced gut movements etc., resemble kapha. vitiated rakta produces symptoms like skin rashes and redness of skin.

METHODOLOGY

A case

A male patient aged 31years came to kayachikitsa OPD complaining of blackish discoloration of bilateral lower limbs, Facial puffiness, BL Poedal oedema, debility, fatigue, exersional dyspnoea, Nausea since a weak. Associated with weight loss. 1 ½ year ago, Due to trekking (around 50km) he got fever and diagnosed as hypertensive after 3 consecutive raised systolic blood pressure. after going through multiple investigation diagnosed as SLE and proliferative gomerulonephritis through their renal biopsy. His investigations showed low haemoglobin,

elevated Serum creatinine, blood urea and Uric acid, low level of serum calcium, abnormal serum electrolytes, highly positive dsDNA and ANA profile and leakage of urine protein. his USG shows grade 3 renal parenchymal disease along with minimal ascites. In his renal biopsy lupus nephritis with moderate activity and immune complex mediated proliferative glomerulonephritis. Since 1 ½ year he was under immunosuppressants, alkalyising agents, glycoprotein hormones, steroids and haematinic injection like cyclophosphamide and erythropoietin. In due course of time he developed mild tremors, arthralgia, weight loss.

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ಕರ್ನಾಟಕ ಸರ್ಕಾರ
ತಾರಾನಾಥ ಸರ್ಕಾರಿ ಆಯುರ್ವೇದ ವೈದ್ಯಕೀಯ ಮಹಾವಿದ್ಯಾಲಯದ ಆಸ್ಪತ್ರೆ, ಬೆಳ್ಳಾರಿ
TARANATH GOVT AYURVEDIC MEDICAL COLLEGE HOSPITAL, BELLARY.
ಹೊರ ರೋಗಿ ವಿಭಾಗದ ಪತ್ರ, OUT PATIENT RECORD

ಕೆ.ಎಂ.ರೋ.ಸಂಖ್ಯೆ /C.OPD.NO	10397	ದಿನಾಂಕ / DATE	11/11/2022
ವಿಭಾಗ /DEPT	4601	ವಿ.ಹೊ.ರೋ.ಸಂಖ್ಯೆ /DEPT. OF NO.:	3245
ಹೆಸರು /NAME	[REDACTED]	ಲಿಂಗ / SEX	M
ವಯಸ್ಸು /AGE	28	ಜಾತಿ / CASTE	OBC
ವಿದ್ಯಾರ್ಹತೆ /EDUCATION		ವೃತ್ತಿ/OCCUPATION	
ವಿಳಾಸ /ADDRESS	Kuyal	ರೋಗ ವಿವರ /DIAGNOSIS	Vataashronitum
ಬಿಪಿಎಲ್ / BPL CARD NO.	6609 4137 9126		SLE, GN,

Complaints : **Duration :**

- 1) Pain in flanks (ಪಾಶ್ವರಿಕ) 3 weeks.
- 2) muscle cramps, twitching of fingers 3 days.
- 3)
- 4)

On Examination :

Nadi :	CVS :	
Mutra :	Pulse Rate :	80 bpm
Mala : One/day	Heart sounds :	Normal
Jihva : Lipta	BP :	150 mm of Hg
Shabda : (P)	RS :	90
Sparsha : Ruksha, Kbara	Respiratory Rate :	20 bpm
Drik : Timire	Lung field	
Akriti : Krishna	P/A :	
CNS :	Tenderness :	
HMF Intact	Organomegaly	
Consciousness : +		
Reflexes : 2+	P/R :	
Tone : +	P/S :	
Power : +	P/V :	H/o anaphylactic shock

ವಿಶೇಷ ಸೂಚನೆ :- ಈ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ದೊರೆಯುವ ಚಿಕಿತ್ಸಾ ಸೌಲಭ್ಯಗಳನ್ನು ಪಡೆಯಲು ಸರ್ಕಾರವು ಶುಲ್ಕಗಳನ್ನು ನಿಗದಿ ಪಡಿಸಿದ್ದು, ಉಚಿತ ಸೇವೆ ಪಡೆಯಲಿಚ್ಛಿಸುವವರು ಬಿಪಿಎಲ್ ಕಾರ್ಡ್‌ನ್ನು ಕಡ್ಡಾಯವಾಗಿ ತರಬೇಕು.

07/12/22 : Creatinine - 4.4 ↑
BUN - 22.1 ↑ INR - 1.7 ↑ Na - 126 ↓, K - 3.3 mmol/L ↓

When subject came to OPD, probable presentations are like vatarakta, pandu, shotha associated with pitta kapha dosha, hence investigations pointing towards the diagnosis of the case.

Treatment planned: Sadhyo virechana followed by manjistadi ksheera basti under the line of pachana, rukshana, shothahara, vishahara, lekana.

Table no. 1: Showing implemented intervention.

Treatment	Details
Day 1-Day 2	Ama pachana: Punarnavashtaka churna ^[6]
Day 3- Day 5	Rasayana churna prakshepita gokshuradi Kashaya basti (20gm with 300ml of Kashaya) Early in the morning Empty stomach
Day 6-Day 13	Manjistadi ksheera basti ^[7] (Nirlavana Sadhita Niruha basti only) Makshika-40ml Sneha-Dadimadi ghrita ^[8] 40ml Kalka- Rasayana churna ^[9] -12gm Shweta parpati-250mg Mandura vatakam ^[10] -1 gm Abhraka Bhasma-250mg Kwatha- manjistadi ksheerapaka 300ml
Rasayana -48days	1. Shiva gutika ^[11] 1TID A/F 2. Mandura vatakam ^[10] 1TID A/F 3. Shuddha shilajit 1/2tsf BD B/F 4. Ayaskriti ^[12] 4tsf BD BF 5. Vishatinduka Vati ^[13] 1OD A/F

OBSERVATIONS AND RESULTS


Table no. 2

Planned treatment	Improvement
Ama pachanaa	Lightness of the body No nausea Appetite gets increased Attained proper sleep
After Churna prakshepita Kashaya basti	Facial puffiness got improved Reduced Bilateral pedal oedema Debility reduced
After completion of manjistadi ksheera basti	His blood pressure was settled Fatigue got relieved Exertional dyspnoea reduced to mild dyspnoea

Table no. 3: Objective parameters Before and After treatment.

Investigations	Before treatment	After treatment
Haemoglobin %	6.9gm%	5.2gm%
Renal function test		
Serum creatinine	12.4mg/dL	10.9 mg/dl
Blood urea	190mg/dL	218mg/dl
Serum electrolytes		
Sodium	128mmol/L	145.5mmol/L

Potassium chloride	5.4mmol/L 103mmol/L	4.2mmol/L 107.3mmol/L
dsDNA	190.58IU/ml	-
IgA	454	-
Uric acid	8.6mg/dL	-
Calcium	8.1mg/dL	-
Urine protein	+++	-

 DEPARTMENT OF ANATOMICAL PATHOLOGY AND CYTOLOGY

QF500JHhp0104


Name : [REDACTED] Age : 30Yr Gender : Male
 UHID : APSP.0001325100 / APSPOPF366426 W/BNo/RefNo : OP
 Lab No : APJ1.H2210481 LRN : 8604905
 Ref Doctor : DR ANANTHA RAO

Collected on : 01-JUN-2022 05:06:40 PM Received on : 01-JUN-2022 05:56:32 PM Reported on : 03-JUN-2022 04:11

of lymphocytes and few plasma cells scattered and in aggregates.
 - One hilar vessel shows fibrin thrombi occluding the lumen and fibrinoid deposits in the wall. One other vessel also shows intimal myxoid change.

Immunofluorescence Report :
 IF studies show 2 glomeruli with diffuse peripheral and mesangial granular deposits of IgG, IgA, C3c and C1q.

Diagnosis/Comments:
 - Kidney (needle) biopsy shows features of an immune complex mediated proliferative glomerulonephritis with focal crescents.
 - Correlating the pattern of injury with a near full house IF deposits, a class - IV, diffuse lupus nephritis with moderate activity (12/24) and mild chronicity (3/12) can be suspected.
 - Could we have details of the lupus serology and the follow up please?
 - There are associated vessel changes of a TMA/Lupus vasculopathy.

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TEST REPORT

Name : [REDACTED] Registered on : 07-Feb-2024 09:24
 Age/Gender : 30 Years / Male Collected on : 07-Feb-2024 09:26
 Registration ID : 240200006865 Released on : 07-Feb-2024 13:22
 Ref. By : Self Printed on : 13-Feb-2024 19:28
 Sample Type : Serum Regn Centre : Kukatpally - 20

CREATININE


TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Creatinine	: 12.4	mg/dL	0.7 - 1.2

Method: Jaffe Kinetic IDMS traceable

Remarks: HIGH SERUM CREATININE.
 The results are released as they warrant immediate medical attention.

Interpretation / Comments :

 • Useful in the diagnosis of renal insufficiency and is more specific and sensitive indicator of renal disease than BUN.
 • Use of simultaneous BUN and creatinine levels provide more information in the diagnosis of renal insufficiency.



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Age/Gender : 30 Years / Male

Registration ID : 240200006865

Ref. By : Self

Sample Type : Serum

Registered on : 07-Feb-2024 09:24

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Regn Centre : Kukatpally - 20

dsDNA (ELISA)

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
dsDNA	: 190.58	IU/mL	<100
Method: ELISA			
Sample Screening Dilution is 1:200			
Comments :			
<ul style="list-style-type: none"> This test detects IgG class antibodies. Anti dsDNA: These are found exclusively in Systemic lupus erythematosus (SLE). Because of their high specificity of 95%, the presence of dsDNA antibodies is amongst the most important, in criteria for the diagnosis of SLE. These antibodies are prognostically relevant. Apparently healthy people, in whom antibodies against dsDNA have found by chance, develop SLE in 85% of patients with in 5 yrs of initial detection of anti-dsDNA. The concentration of these antibodies correlates with the disease activity, hence titer determination is suitable for monitoring treatment. For diagnosis the clinical symptoms of the patient should always be taken into account along with the serological results. 			



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Printed on : 13-Feb-2024 19:28

Regn Centre : Kukatpally - 20

ELECTROLYTES

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Sodium	: 128	mmol/L	136 - 146
Method: Indirect ISE			
Potassium	: 5.4	mmol/L	3.5 - 5.1
Method: Indirect ISE			
Chlorides	: 103	mmol/L	101 - 109
Method: Indirect ISE			
Interpretation / Comments :			
<ul style="list-style-type: none"> Sodium : Levels of sodium when evaluated with electrolytes aid in assessing acid base balance, water balance and water intoxication. Potassium : Useful in evaluation of electrolyte balance, cardiac arrhythmia, muscular weakness, hepatic encephalopathy and renal failure. Chloride : Useful when assayed along with sodium, potassium and bicarbonate in assessment of electrolyte, acid base and water balance. 			

SHREE DURGA DIAGNOSTIC LAB		
First Floor, Janani Complex, Ananthapura Road, Opp. Taranath Govt. Ayurvedic Medical College & Hospital, BALLARI. Cell: 78925-356		
Patient Name : [REDACTED] M	Lab No. : 165	
Ref. By Dr. : THARANATH HOSPITAL	Reported : 19/02/24	
TEST NAME	RESULT	NORMAL VALUE
HAEMATOLOGICAL TEST		
HAEMOGLOBIN	5.2 gm%	Male 13-18 / Female 11-15
BIO-CHEMICAL TEST		
BLOOD UREA	218.0 Mg/dl	(15 - 40)Mg/dl
SERUM CREATININE	10.9 Mg/dl	(0.6 - 1.2 F)(0.8-1.4 M)
ELECTROLYTES		
SODIUM	145.5 MM01/L	(136 - 145)MM01/L
POTASSIUM	4.2 MM01/L	(3.5 - 5.0)MM01/L
CHLORIDE	107.3 MM01/L	(98 - 108)MM01/L
----- End of Report -----		

DISCUSSION

SLE is having chronic inflammatory autoimmune pathologies resembles the quantification of diseases in ayurveda. it can display broad spectrum of multisystem manifestation. Overlap system with rapidly progressive glomerulonephritis is major morbidity of the disease. in this case vitiated vata produces symptoms like multiple joint pain, as the pathology progresses ends up with mishravarana results into imbalance of pitta, rakta.

Acute phase symptoms are treated successfully with ama pachana by punarvashtaka churna and churna prakshepita Kashaya basti. After settling the acute pathology chronic phase of the disease was concentrated and managed well with manjisthadi ksheera yogabasti. a kind of customised preparations based on yukti yields better results to break the pathology.

Rasayana churna prakshepita Kashaya basti- rasayana churna contains guduchi, gokshura, amalaki. cardiofolioside A is active principle of the guduchi, it is immune stimulant, cytoprotective, anti-inflammatory, analgesic, diuretic. Diosgenin is naturally occurring steroidal saponin found in gokshura stimulates lymphocytic transformation and enhances the phagocytic activity of macrophages, demulscent Gallic acid is active principle in the amalaki having pro-oxidant and antioxidant activity, analgesic, immunomodulatory.

Churna Kashaya basti is Deepana, amahara, shothahara, shoolahara it has immediate effect against inflammatory pathology compared to oral administration.

Manjistadi ksheera basti- Modified manjistadi basti, manjistadi kasaya is usefull in vatarakta, medodosh, it will corrects the avarodha formed by meda & kleda acts as antioxidant and detoxifies the blood, improves the metabolism.

Ksheera is an emulsion or colloid of butterfat globules within water based fluid that contains dissolved carbohydrate and protein aggregates with minerals, promotes the absorption of calcium and phosphorus I, e essential for bone deposition.

Punarvashtaka churna is polyherbal formulation acts as antioxidant, hepatoprotective, diuretic, renoprotective, as a laxative, cleans the colon.acts as biopurifier. it possess the shodhana, shamana and rasayana properties. It acts on rasa, rakta, mamsa and sira.

Shivagutika is polyherbal formulation can cure the morbid factor, enhances vyadhikshamatwa, yogavahi, pachana, anulomana, jwaraghna, kaphavatahra and it acts as antibiotic, anti-venomous, anti-hypolipidaemic, anti-inflammatory, immunomodulatory, antioxidant agents, ameliorative in action.

Mandura vatakam is herbomineral formulation act as deepaka, pachaka, shothahara, kaphahara best drug of choice in iron deficiency anaemia.

Ayaskrity improves metabolism and assimilation, it induces burning of accumulated fats which is mediated by iron & lipolytic action of the herbs. it does twak shodhana enhances the peripheral utilization of glucose molecule.

Shuddha shilajit is internal antiseptic, acts through synergism, antioxidant, anti-inflammatory, immunomodulator, analgesic, smooth muscle relaxant, nephroprotective.

CONCLUSION

Vatarakta possess the spectrum of autoimmune disorder among them a single entity is chosen here for probable correlation with systemic lupus erythematosus. Though SLE has variety of complications includes lupus nephritis was treated significantly here. In order to creat evidence, large multicentric studies are necessary to build the possible hope of treating the condition of autoimmune complex via ayurvedic approach.

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