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Case Study

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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 vataraakta, Pandu, shotha, poedal oedema, Ayurveda, Virechana, Basti.

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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 createnine 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. 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.

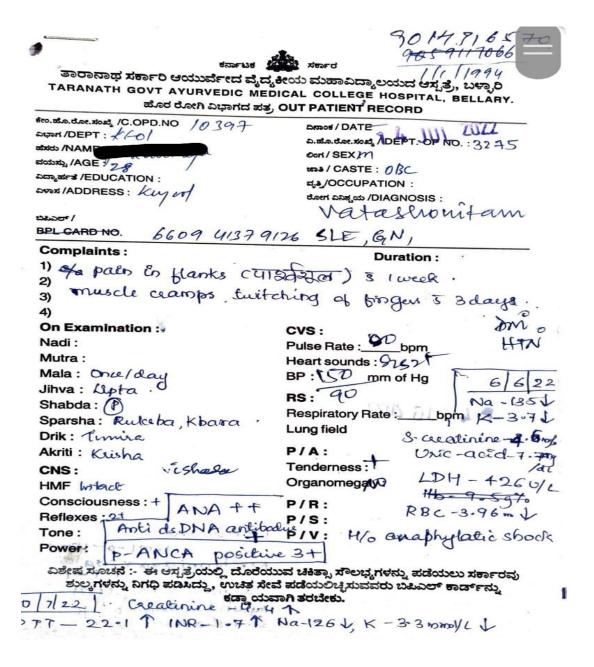
In ayurveda chronic inflammatory autoimmune pathology fall under a spectrum of diseases like vatarakta, pandu, shotha. due to incompatible lifestyle, food habits of the present generation are most volunerable causes to autoimmune pathologies. 'prayashaha sukumaranam achankramana sheelinam'-vatarakta samprapti. 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 31 years 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 createnine, 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, alkalysing agents, glycoprotein hormones, steroids and haematinic injection like cyclophosphamide and erythropoietin. In due course of time he developed mild tremors, arthalgia, weight loss.



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] -1gm
	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

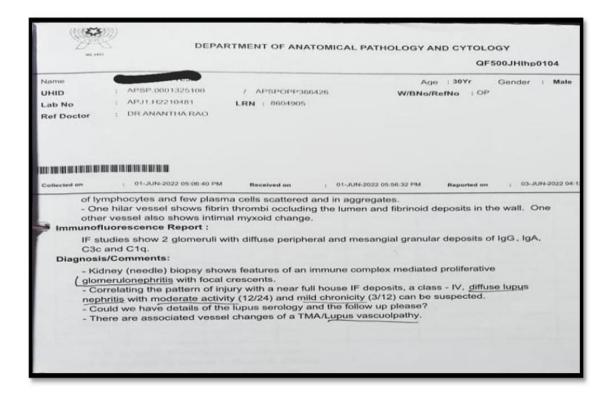
Table no. 2

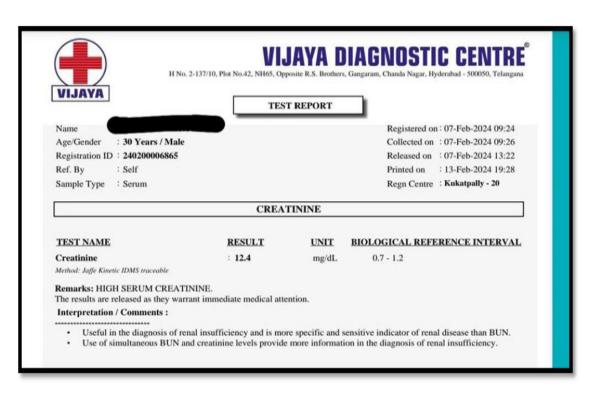
Planned treatment	Improvement	
Ama pachanaa	Lightness of the body	
	No nausea	
	Appetite gets increased	
	Attained proper sleep	
After Churna prakshepita	Facial puffiness got improved	
Kashaya basti	Reduced Bilateral poedal oedema	
	Debility reduced	
After completion of	His blood pressure was settled	
manjistadi ksheera basti	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 createnine	12.4mg/dL	10.9 mg/dl
Blood urea	190mg/dL	218mg/dl
Serum electrolytes		
Sodium	128mmol/L	145.5mmol/L

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







VIJAYA DIAGNOSTIC CENT

TEST REPORT

Name Age/Gender : 30 Years / Male Registration ID: 240200006865 Ref. By : Self

: Serum

Registered on: 07-Feb-2024 09:24 Collected on : 07-Feb-2024 09:26 Released on : 13-Feb-2024 19:28 Printed on : 13-Feb-2024 19:28 Regn Centre : Kukatpally - 20

dsDNA (ELISA)

TEST NAME RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

dsDNA : 190.58 IU/mL

Method: ELISA

Sample Type

Sample Screening Dilution is 1:200

Comments:

- 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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BIOLOGICAL REFERENCE INTERVAL

136 - 146

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TEST REPORT

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 Regn Centre : Kukatpally - 20 Sample Type : Serum

ELECTROLYTES

TEST NAME Sodium

Method: Indirect ISE

Potassium Method: Indirect ISE

Chlorides Method: Indirect ISE RESULT

: 128

: 103

mmol/L

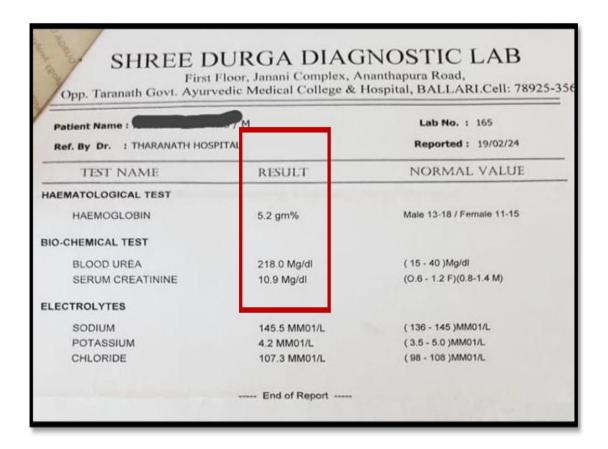
UNIT

mmol/L 3.5 - 5.1

mmol/L 101 - 109

Interpretation / Comments:

- 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.



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 phaghocytic activity of macrophages, demulscent Gallic acid is active principle in the amalaki having pro-oxidant and antioxidantactivity, analgesic, immunemodulatory.

911

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, medodosha, 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 essentiall 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 formultion 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 corelation 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.

REFERENCES

- 1. Yash Pal Munjal, India. API textbook of medicine. Mumbai: Association of Physicians of India, 2012; 9: 1853.
- 2. Yash Pal Munjal, India. API textbook of medicine, Mumbai: Association of Physicians of India, 2012; 9: 1858.
- 3. https://www.sciencedirect.com/science/article/pii/S2095927324005693
- 4. Yash Pal Munjal, India. API textbook of medicine. Mumbai: Association of Physicians of India, 2012; 9: 1860.
- 5. Charaka samhita edited by pt kashinath shastri and dr gorakhnath chaturvedi with hindi commentary vidyotini, part, reprint edition, chikitsa sthana, verse no., page no., chaukhambha bharati academy, Varanasi, 2012; 29, 2, 893: 20-26.
- 6. Kaviraj Shri Sen Govindadas. Bhaishajya Ratnavali. Vidyothini Hindi Commentary. Edited and enlarged by Bhishagratna Shri Brahmasankar Mishra. Varanasi: Chaukamba Prakshana, rasayana prakarana, Verse, 2010; 42-13.
- 7. Charaka samhita edited by pt kashinath shastri and dr gorakhnath chaturvedi with hindi commentary vidyotini, part, reprint edition, chikitsa sthana, verse no., page no, chaukhambha bharati academy, Varanasi, 2012; 2, 29: 88-92.
- 8. Vagbhata, Astanga Hridyam edited by Kaviraj Atridev Gupta with Hindi commentary Vidyotini, reprint edition, chikitsa stana verses no. chaukhamba prakashana, Varanasi, 2007; 16: 44-46.
- 9. Vagbhatas Astanga Hrudaya, Sarvangasundara of Aruadatta and Ayurvedarasayana of Hemadri,by Kashinath Shastri, edited by Dr Gangasahaya Pandeya, Uttarasthana Adhyaya, Chaukhambha Sanskrit Sansthan, 2002; 39, 159: 235-956.
- 10. Vagbhata, Astanga Hridyam edited by Kaviraj Atridev Gupta with Hindi commentary Vidyotini, reprint edition, chikitsa stana verses no. chaukhamba prakashna, Varanasi, 2007; 16: 16-18.
- 11. Kaviraj Shri Sen Govindadas. Bhaishajya Ratnavali. Vidyothini Hindi Commentary. Edited and enlarged by Bhishagratna Shri Brahmasankar Mishra. Varanasi: Chaukamba Prakshana, rasayana prakarana, Verse, 2010; 73: 151-173.
- 12. Vagbhata, Astanga Hridyam edited by Kaviraj Atridev Gupta with Hindi commentary Vidyotini, reprint edition, chikitsa stana verses no. chaukhamba prakashna, Varanasi, 2007; 12: 28-31.
- 13. Sadānandaśarmā. Rasa Taranginī. Varansi: Motilal Banarsidas, 2015; 24, 11: 178-190.