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AN AYURVEDIC MANAGEMENT OF SCLERODERMA: A CASE STUDY

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ABSTRACT

Scleroderma is a rare chronic autoimmune connective tissue disorder characterized by skin thickening, fibrosis, and vascular abnormalities. While conventional therapy primarily focuses on symptom and complication management, there is a need for holistic approach to improve tissue health and overall well-being. This case study explores scleroderma from an ayurvedic perspective, considering its pathology, and management based on concept of *Aama* and *Strotoroadha* leading to *mansagata rasarakta dushti* leading to *vata prakopa* and its sequele. According to ayurveda, scleroderma can be partially correlated with "*Aamvata*" due to connective tissue involvement leading to deformities. Though in *Aamvata* its bony deformities unlike ischemic changes and fibrosis in scleroderma. This study presents a case of a 50-year-old female patient diagnosed with scleroderma, who visited Kayachikitsa OPD of Y.M.T. Ayurvedic College with symptoms including Raynaud's phenomenon progressing to digital ulcers and sclerodactyly, facial skin tightening, dry mouth, polyarthralgia, gastrointestinal disturbances, and vitiligo. Treatment involved classical ayurvedic formulations such as *Sinhanad Guggulu, Ajmodadi Churna, and Rasna Erandadi Kashaya*, along with *Panchakarma* therapies like *Vaitarana Basti, Panchkolakshara Basti, Snehana with Vishagarbha Taila and Valuka Pottali Swedana*. Patient was assessed for upto 3 months. Following these interventions, the patient showed approximately 70% improvement, including digital ulcer healing, pain relief,

gastrointestinal symptom resolution, and skin discolouration improvement. The study highlights the potential role of *Ayurvedic* interventions in eliminating deep seated toxins (Aama) which slower down disease progression, helps in relieving symptoms thereby enhancing quality of life in autoimmune disorders, while emphasizing the need for further clinical research to establish it's efficacy.

KEYWORDS: Aamvata, Autoimmune, Raynaud's phenomenon, Vaitarana, valukapottali.

INTRODUCTION

Scleroderma literally means 'Hard Skin' and the hallmark of it is thickening & hardening of the skin due to fibrosis.

Systemic sclerosis is a chronic multisystem disease of connective tissue affecting the skin, musculoskeletal system, internal organs. It is classified into two main groups viz. diffuse cutaneous systemic sclerosis (DCSS) and limited cutaneous systemic sclerosis (LCSS). DCSS is associated with progressive skin thickening & have high risk of early involvement of other systems, whereas LCSS patients usually have long standing Raynaud's phenomenon before other manifestations. Skin involvement progresses slowly & remains limited to the fingers, distal extremities & face without involvement of trunk.[1]

Scleroderma can be called both rheumatic and connective tissue disease.[2] Clinical presentation of scleroderma closely mimics with '*Aamvata*'. *Aam* and *strotorodha* can be main contributing factors to *samprapti* of scleroderma. *Aama* tends to accumulate in tissues that are weak, causing congestion, inflammation, degenerative changes and in scleroderma as it is a autoimmune disease there is deterioration of the *vyadhikshamatva* of *dhatus*. So *aama* causes *mansagata rasa-rakta dhatu dushti* by disease *prabhav* leading to *vata prakopa* and symptoms related to it.

With ayurveda treatment principles like *shodhana, shamana, rasayana chikitsa*, we can be able to address the root cause. This approach aims to restore balance of doshas, support *dhatus & strotas*, enhace *vyadhikshamatva* and slow down progression of disease. Therapeutic interventions like *ruksha sweda, deepana-pachana, Basti therapy, Rasayana* use play an important role.

As modern medicine treats disease symptomatically and focuses on immunosuppression, fibrosis control but fails to address the underlying metabolic and immune imbalances.

therefore, there is strong need for ayurvedic approach to enhace quality of life, improve immunity (*vyadhikshmatva*) and address the disease with holistic approach.

CASE PRESENTATION

A 50-year-old female patient presented in the outpatient department (OPD) of Kayachikitsa, Y.M.T.Ayurvedic Medical College, Kharghar, Navi Mumbai, India (OPD Registration No.217866), with symptoms including Raynaud's phenomenon progressing to digital ulcers and sclerodactyly, bilateral upper limb finger deformity, facial skin tightening (mask like face) since 2 years, swelling over bilateral foot, dry mouth, dysphagia since 1 month, polyarthralgia and vitiligo.

Gastrointestinal disturbances since 15days and having history of same since 9 years.
Patient was k/c/o – Hypertension since 4 years and on regular Tab. Telma 40mg
But over the course in hospital patients BP consistently found elevated so shifted to Tab.Telma AM (40/5)
Patient having no family history of any systemic and autoimmune disease.
P/S/H – Hysterectomy 12 years back
On examination, patient found vitally stable with Pulse 72/min, BP – 130/90 mmhg, SPO2-98% & afebrile.

On systemic examination of patient, respiratory system – air entry B/L equal & vesicular breath sound were present. cardio-vascular examination showed normal S1 & S2. Patient was conscious & oriented when came in hospital.

Patient having not any known allergy.

ASHTAVIDHA PARIKSHAN

Nadi – Vata kapha
Mal – Drava
Mutra – normal
Jivha – Saam
Shabda – Aspashta
Sparsha – Twak rukshata
Druk – Right eye pterygium, exotropia
Akruti – Krusha

Prakriti – Vata dominant kapha

Agni – Manda

Koshta – Madhyam

CASE CONCEPTION AND SELECTION OF AYURVEDIC MANAGEMENT

The patient was aware of her illness as informed. But was not satisfied with the previous treatment due to progression of disease, decreasing quality of life, also she had faith in ayurveda so turned up for Ayurvedic management.

DIAGNOSTIC CRITERIA

The 2013 ACR–EULAR Classification Criteria (American College of Rheumatology–European League Against Rheumatism) used in this study for diagnosis and assessment of Systemic sclerosis/scleroderma.

Table no. 1: Showing the acr-eular criteria for the classification of systemic sclerosis.[3]

ITEMS	SUB-ITEMS	WEIGHT/SCORE
Skin thickening of the fingers of both hands extending proximal to the metacarpophalangeal joints *(sufficient criterion)*		9
Skin thickening of the fingers* *(only count the highest score)*	- Puffy fingers -Sclerodactyly of the fingers (distal to MCP but proximal to the PIPs)	2 4
Finger tip lesions* *(only count the highest score)*	-Digital Tip Ulcers -Finger Tip Pitting Scars	2 3
Telangiectasia		2
Abnormal nailfold capillaries		2
Pulmonary arterial hypertension and/or Interstitial lung Disease	-PAH -ILD	2
Raynaud's phenomenon		3
Scleroderma related antibodies	Anti-centromere Anti-topoisomerasel Anti-RNA polymerase III	3

* - Only the highest score for skin thickening of the fingers and fingertip lesions should be counted.

- Patients having a total score of 9 or more are being classified as having definite systemic sclerosis.

- Thus, One sufficient criteria if present, the patient is automatically classified as having systemic sclerosis/Scleroderma.
- If the sufficient criteria is absent, points from the remaning items are added.

OPERATIONAL DEFINITION[3]

- Skin Thickening – skin thickening or hardening should not be due to scarring after injury, trauma etc.
- Puffy fingers – swollen digits, a diffuse usually non pitting increase in soft tissue mass of the digits extending beyond the normal confines of the joint capsule.
- Finger tip ulcers or pitting scars - Ulcers or scars distal to or at the PIP joint not thought to be due to trauma. Digital pitting scars are depressed areas at digital tips as a result of ischemia, rather than trauma or exogenous causes.
- Telangiectasia - Telangiectasiae are visible macular dilated superficial blood vessels. Telangiectasia in a scleroderma like pattern are round and well demarcated and found on hands, lips, inside of the mouth, and/or large matt-like telangiectasia.
- Abnormal nailfold capillaries - Enlarged capillaries and/or capillary loss with or without peri-capillary hemorrhages at the nailfold and may be seen on the cuticle.
- Pulmonary arterial hypertension - Pulmonary arterial hypertension diagnosed by right heart catheterization according to standard definitions.
- Interstitial lung disease - antibodies Pulmonary fibrosis on HRCT or chest radiograph, most pronounced in the basilar portions of the lungs, or presence of 'Velcro' crackles on auscultation not due to another cause such as congestive heart failure.
- Raynaud's phenomenon - Self report or reported by a physician with at least a two- phase color change in finger's and often toe's consisting of pallor, cyanosis and/or reactive hyperemia in response to cold exposure or emotion; usually one phase is pallor.
- Scleroderma specific anti-bodies - Anti-centromere antibody or centromere pattern on antinuclear antibody (ANA) testing; anti-topoisomeras antibody (also known as anti-Scl70 antibody); or anti-l polymerase III antibody. Positive according to local laboratory standards.

TREATMENT

- *Shodhana chikitsa* – given for 10 days

1. *Snehana – Vishagarbha taila*[4]
2. *Swedana – Valuka pottali*

3. *Basti – Vaitarana basti*[5], *Panchakola kshara basti*[6]
4. *Avagah sweda* to B/L upper limb finger's – *Teel taila*

- *Shamana chikitsa* – Given for 3 months

Table no. 2: Showing details of shamana chikitsa.

Sr.no.	*kalpa*	Dose & frequency	*Anupana*	*Kal*
1.	*Sinhanad guggul*	250mg BD	*Koshna jal*	After food
2.	*Ajmodadi churna*	2gm BD	*Koshna jal*	Before food
3.	*Rasna Erandadi kashaya*	20ml BD	*Koshna jal*	After food
4.	*Guduchi ksheerpaka*	50ml BD	-	Before food

- *Panchakola phanta* given to sip frequently over the coarse.

RESULT

Table no. 3: Showing the acr-eular criteria for the classification of systemic sclerosis before and after treatment.

ITEMS	SUB-ITEMS	BEFORE TREATMENT	AFTER TREATMENT
Skin thickening of the fingers of both hands extending proximal to the metacarpophalangeal joints *(sufficient criterion)*		-	-
Skin thickening of the fingers *(only count the highest score)*	- Puffy fingers -Sclerodactyly of the fingers (distal to MCP but proximal to the PIPs)	4 (sclerodactyly)	4
Finger tip lesions *(only count the highest score)*	-Digital Tip Ulcers -Finger Tip Pitting Scars	3 (Finger tip pitting scars)	-
Telangiectasia		-	-
Abnormal nailfold capillaries		-	-
Pulmonary arterial hypertension and/or Interstitial lung Disease	-PAH -ILD	-	-
Raynaud's phenomenon		3	3
Scleroderma related antibodies	Anti-centromere Anti-topoisomerasel Anti-RNA polymerase III	3	3

After a continuous three-month Ayurvedic treatment protocol, the patient showed clinical improvement. A reduction in the ACR–EULAR (American College of Rheumatology–

European League Against Rheumatism) score from 13 to 10 was observed due to significant healing of digital ulcers and a reduction in the severity of Raynaud's phenomenon starting to restore colour of the finger tips. Symptoms related to swallowing difficulty showed noticeable alleviation, suggesting better esophageal function and reduced fibrosis-related complications. Furthermore, gastrointestinal symptoms such as bloating and frequent loose stools were reduced, indicating Agni Deepana and starting to restore gut health.

DISCUSSION

Even in this advanced age of scientific evolution, we are facing deadly threat from various health problems. Scleroderma is a autoimmune connective tissue disease which needs to be treated in such a way that we can improve patient's quality of life and slower disease progression and ayurveda can help with this.

In this study treatment principles of '*Aamvata*' & *strotoshodhana* considered as the basic line of treatment for scleroderma, *Sinhanad guggul* mentioned in *Bhaishajya Ratnavali in Amvatadhikar Adhyaya* having *tridosh shamana* properties & also improves *agni*. It has *Triphala & Eranda taila* which are having laxative properties and helps in elimination of toxins like *Aama*. Also *guggul* is *vatashamaka* and *gandhak* acts well in skin manifestations.

Ajmodadi churna having mainly *Vatashamaka* and *Agnideepana* drugs, which helps in lowering intensity of pain (*ruja*) associated with *vata*.

Rasna Erandadi kashaya – it is mainly *vatashamaka* and helps with *ruja & shotha* symptoms.

Panchkola churna phanta works on gastrointestinal disturbances helps in *agni deepana* relieves bloating, indigestion, anorexia.

In *shodhana* therapies *Vaitarana basti* mentioned in *Chakradatta in Niruhadhikara* having *shool, anaha, aamvatahar* properties. It is *teekshna, ushna & deepana* in nature which can be able to remove *Aama* from the body which efficiently causes *strotoshodhana*.

Pancha kola kshara basti having *ushna, teekshna,* & *deepana, pachana, lekhana* properties which helps in *strotas shodhana* by clearing *Aama*. *Avagah swed* to bilateral upper limb fingers helps in healing digital ulcerations and returning of blood flow towards peripheral vessels.

As *snehana* is contraindicated in *Aamvata* and rheumatic disorders where stiffness is the main feature but exception to this *vishgarbh taila* can be used for *snehana* in such conditions if joint pain and *vata prakopa* is more prominent because *vishgarbh taila* having contents like *dhattura swaras, kanji, vacha, vatsanabha* which are *ushna-tikshna, sukshma strotogami* which can relieve pain without increasing stiffness in tissues.

As we have proposed the *samprapti* of scleroderma as because of *Aama* and *strotorodh; ruksha valukapottali swedana* is given which can absorb *snigdhata* of *Aama* and helps in digestion of it, also reduces *strotorodha.*

CONCLUSION

This case demonstrates that Ayurvedic intervention and approach based on the principles of Aamvata, Aama pachana, Strotoshodhana, Vata shamana and Rasayana chikitsa may contribute to providing relief from symptoms without causing significant side effects, enhancing production of healthy dhatus there by improving immunity which proves boon to autoimmune diseases like scleroderma. Overall, it may improve quality of life by offering a supportive role in managing chronic autoimmune conditions like scleroderma.

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