

**MANAGEMENT OF SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)  
THROUGH AYURVEDA- A CASE STUDY****\*Dr. Debashri Chakraborty and \*\*Dr. Manir Uddin Dewan**

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**ABSTRACT**

Systemic lupus erythematosus (SLE) is an autoimmune disease characterized by production of non-organ specific auto antibodies, primarily affecting women of child bearing age. In this case study, A 37-year-old female patient presented with symptoms of joint pain and swelling, malar rash, erythema and burning sensation of face and neck, photosensitivity and fatigue was registered in the OPD of Govt. Ayurvedic College & Hospital, Guwahati-14. Complete history, clinical evaluation and lab test confirmed the diagnosis. The condition was treated with deepan, pachan, abhyanga, virechan and shaman ausadhis leading to satisfactory results. The condition was managed as per the principle of vatarakta line of treatment. So, this paper highlights the potential benefits of ayurvedic principles and treatment module in treating patients with SLE, offering a holistic approach to mitigate symptoms and improve quality of life.

**KEYWORDS:** Systemic lupus erythematosus, Vatarakta, Raktavrita vata, Saman ausadhis, Virechan.

**INTRODUCTION**

SLE is an autoimmune disease in which organs and cells undergo damage initially mediated by tissue binding autoantibodies and immune complexes. Ninety percentage of patients are women of child bearing age, however people of all genders, ages and ethnic groups are susceptible.<sup>[1]</sup>

SLE is a prototype example of type III hypersensitivity disease.

The precise etiology that triggers the abnormal immune response and cause SLE is not fully comprehended but it is believed to be multifactorial, involving a combination of genetic, environmental and hormonal factors.

SLE presents with a variety of clinical manifestation, some common clinical features are<sup>[2]</sup>

Category	Clinical Features
<b>Constitutional</b>	Fever, Fatigue, Anorexia, weight loss
<b>Systemic-</b>	
1. Mucocutaneous	Malar rash, Discoid rash, other rashes, photo sensitivity, oral ulcers, alopecia.
2. Musculoskeletal	Arthralgia, myalgia, non-erosive polyarthritis
3. Hematological	Anemia, leucopenia, thrombocytopenia
4. Renal	Lupus nephritis, severity varies from mild proteinuria to glomerulonephritis.
5. Cardiopulmonary	Pleuritis with or without pleural effusion, pericarditis, myocarditis, endocarditis.
6. Neurological	Psychosis, seizures, cognitive dysfunction, headache, peripheral neuropathy
7. Gastrointestinal	Nonspecific symptoms, abnormal liver enzymes
8. Ocular Manifestation	Conjunctivitis, Sicca syndrome, Retinal vasculitis

In Ayurveda, SLE cannot be directly correlated with a specific disease entity however its symptoms and characteristics share some similarities with vatarakta and raktavrita vata.

#### Main features of vatarakta<sup>[3]</sup> and raktavrita vata<sup>[4]</sup>

Vatarakta	Raktavrita vata
1.Uttan vatarakta- Daha (burning sensation), Ruka and toda (pricking and throbbing pain), Shyava, rakta, tamra varnata of twacha (browinish black, Red, Coppery colour of the skin)	<ul style="list-style-type: none"> <li>• Daha (burning sensation)</li> <li>• Arti (pricking pain in between skin and muscle)</li> </ul>
2.Gambhir Vatarakta- Shvayathu (oedema), stabdhata (stiffness), shyava tamra varna (blackish brown colour of skin), Daha, toda, paka (burning sensation, pricking pain suppuration of joints)	<ul style="list-style-type: none"> <li>• Raga (reddish discoloration)</li> <li>• Mandala (circular/discoid rash)</li> <li>• Shvayathu (swelling)</li> </ul>

In relation to vatarakta, while explaining the sadhya asadhyata of the disease, upadrava of the disease has been explained. This can be correlated to the multisystem involvement of SLE as complication.<sup>[5]</sup>

System Involvement	Symptoms	Upadrava of vatarakta
Lung	Breathlessness	swasa
Neurological	headache, psychosis, poor concentration	Shirograha, Bhrama, Murcha, moha
Joint	Joint deformity (small joints)	Anguli vakrata
Cardiac and Renal involvement	Myocarditis and Nephritis	Marma graha

Now, the case that we will discuss below presents with symptoms of uttan vatarakta and raktavrita vata, so the treatment approach employed here is of vatarakta.

Acharya Charaka has mentioned that the treatment for raktavrita vata is same as vatarakta because the pathology behind both the diseases is same (i.e. avaran of vata by rakta)

## CASE REPORT

A 37-year-old female patient came to OPD of GACH, Guwahati on 26/8//23 with complaints of intolerance to sunlight, severe burning sensation of face and neck (daha) along with reddish discoloration (rakta, tamra varnata of twacha) since 8 months. Clinical evaluation revealed malar rash with erythema on her whole face (raga), mild pain and swelling of both the ankle joints (toda and svyaathu), photosensitivity and fatigue.

Despite consulting many practitioners for 8 months, her condition remained undiagnosed and she experienced no respite.

She had no past history of diabetes mellitus, hypertension, tuberculosis, trauma or any surgery.

Family history -No familial predisposition was identified

### Personal History

- Diet-spicy, non-veg, salty, fried foods
- Appetite- Reduced
- sleep- Inadequate
- Bowel and micturition -Normal
- Marital Status: Unmarried
- Menstruation- cycle was normal with no notable abnormalities
- Addiction- No any

Astavidha pariksha and systemic examination revealed normal findings

Following Investigations were carried out-

- ANA- Positive
- Hb %- 11 g/dl
- ECG-WNL

- Sr. uric Acid- 5.5 mg/dl
- Sr. creatinine- 1.1 mg/dl
- Urine R/E- WNL (negative for proteinuria)
- CXR-PA view -WNL

Diagnosis – Following thorough examination of clinical manifestations and laboratory results, diagnosis of SLE was formally established.

### Treatment module

The treatment was scheduled for

- Sodhan chikitsa- Virechan
- Saman ausadhis

#### i) Sodhan

Procedure	Medicine	Dose	Duration
Deepan and pachan	Panchakola churna	1 tsf twice daily before meals with warm water	<b>3days</b> (27/8/23-29/8/23)
Snehapan	Mahatikta Ghrita	25 ml to 100 ml in increasing dose on empty stomach Anupan- usnodak	<b>4days</b> (30/8/23-2/9/23)
Abhyanga and mridu nadi swedan	Abhyanga with Balaguluchyadi taila and swedan with dasamoola kwath		<b>3 days</b> (3/9/23-5/9/23)
Virechan	Trivrit avaleha Triphala kwath	10gm 30ml	<b>1 day</b> (6/9/23)

**Vega-** 12 vega

**Suddhi-**Madhyam

**Samsarjana karma-**5 days (8 Annakala)

## 2. SHAMANA AUSHADHIS

Sr.no.	Medicine	Dose	Duration
1.	Brihat vatachintamani Ras	1 pill daily after breakfast with honey	<b>1 month</b> (12/9/23- 12/10/23)
2.	Kaishore guggulu	2 pills twice daily	
3.	Manjisthadi kwatham (Brihat) tablet	2 tabs twice daily	
4.	sarivadhyasava	20 ml twice daily with equal amount of water	
5.	Continue (1), (3), (4) Added-Guggulutiktam kwatham tablet	2 tabs twice daily	<b>1 month</b> (13/10/23-13/11/23)

6.	(1) - (5) stopped Giloy ghanvati added	2 pills twice daily	<b>1 month</b> (14/11/23-14/12/23)
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**Total duration of treatment-** Sodhan chikitsa: 16 days

Saman chikitsa-3 months

### OUTCOME ANF FOLLOW UPS

Symptoms	Before treatment (26/8/23)	After virechan (6/9/23)	1 <sup>st</sup> follow up (12/10/23)	2 <sup>nd</sup> follow up (13/11/23)	3 <sup>rd</sup> follow up (14/12/23)
1.Malar rash	+	-	-	-	-
2.Erythema of face	+++	++	+	+	-
3. Severe burning sensation of face and neck	+++	++	+	-	-
4.Photosenstivity	+++	+++	+	-	-
5.Pain in B/L ankle joints	+	+	-	-	-
6.Swelling of B/L ankle joints	++	++	+	-	-
7.Fatigue	++	++	+	-	-

4<sup>th</sup> follow-up (9/8/24), 8 months post treatment, the patient's condition remained stable with no side effects, complications and there was no record of exacerbation of symptoms.



1<sup>st</sup> OPD visit (26/8/23)



After virechan (6/9/23)



After completion of treatment (14/12/23)



## DISCUSSION

### Discussion on the disease

According to lupus foundation of America, there are four different types of lupus. 1.systemic lupus erythematosus 2. Cutaneous lupus erythematosus 3. Neonatal lupus 4. Drug induced lupus. SLE is the most common type of lupus ranging from mild to severe form.

The diagnosis of SLE relies on identifying distinctive clinical features and presence of specific autoantibodies. The 2019 EULAR/ACR criteria provide a structured approach for diagnosis of SLE and is also commonly used for diagnosis. The present case fulfilled the EULAR criteria (ANA positive and score of 12 points i.e. acute cutaneous lupus-6 points and joint involvement-6 points), leading to a definitive diagnosis of SLE.

In Ayurveda, the present case can be analogized with the concepts of uttan vatarakta and raktavrita vata as it has more predominant cutaneous manifestations which shares similarities with the symptoms mentioned above for uttan vatarakta and raktavrita vata.

### Samprapti involved in causing the disease

Vata prakopaka ahar vihar and rakta dushita ahar vihar (pitta prakopaka ahar vihar)



Vata prakopa and Rakta dusti



Dushita Rakta causes avaran of vata



The avrita vata causes further vitiation of rakta (more rakta dushti)



The vitiated vata because of its sukshma guna and the vitiated rakta because of its drava guna traverse all over the body and manifest the symptoms.

### Discussion On Treatment

The treatment methodology used here was centred around giving vatahara, Pittahara, raktashodhak and avaram hara interventions.

### *Probable mode of action of the given Interventions*

- Panchakola Churna – Used for Deepan and pachan.

- Mahatikta Ghrita- The dominance of tikta ras acts as dahasamak, raktaprasadan, also drugs present such as haridra, amla, guduchi are good immunomodulatory drugs.
- Balaguluchyadi taila- The madhur vipak of guduchi, bala, ashwagandha, pacifies the vata and pitta thus helps in alleviating the symptoms of daha, toda, raga.

### ***Probable mode of action of virechan***

Rakta causes avaran of vata leading to manifestation of the disease. piita and rakta coexist in an ashraya ashrayi relationship. So virechan, a targeted treatment for pitta, also helps alleviate the vitiated rakta along with anuloman of vata. Also, as we know that the treatment of avarak is done first hence virechan is given to alleviate the vitiated rakta.

Trivrit avaleha and triphala kwath is used as virechan drug here as acharya Charaka has mentioned mridu virechan for vatarakta.

### ***Probable mode of action of saman ausadhi***

- Giloy ghanvati- guduchi, Due to its Madhur vipak, usna virya, and snigdha guna acts as vatahara, Due to its Tikta ras and Madhur vipak acts as pitta samak which in turn acts as rakta prasamana.

Guduchi has also been mentioned as the agreya dravya for vatarakta.

The chemical constituents present i.e. beta sitosterol, makisterone A, giloinsterol, ecdysterone acts as analgesic and antiarthritic. Berberine acts antioxidant and anti-inflammatory. Arabinogalactone acts as immune-protector.<sup>[6]</sup>

- Brihat vatchintamani Ras- Because of its madhuk vipak it helps pacifying pitta and stabilizing vata. The shita virya of the drug acts as dahasamak.
- Kaishore Guggulu- guduchi, triphala, neem, guggulu will act as srotosodhak, rakta prasadak, avaran hara and as rasayan also. Dantimoola and trivrit will cause rechana thus keeping pitta in a state of alleviation.
- Sarivadyasava- sariva being the key ingredient here, have Madhur vipak and shita virya thus acting as a potent dahasamak.

Root of sariva contains alpha and beta amyryl which are anti-inflammatory in nature. Tannins Resin acid, Lupeol act as antioxidant.<sup>[7]</sup>

- Manjisthadi Kwatham (Brihat) Tablet- It acts as vatahara, pitta samak and rakta sodhak.



- Guggulutiktam kwatham tablet- acts as raktasodhak, dahaprashaman, sothahara, vednasthapan and rasayan.

## CONCLUSION

SLE is predominantly a female disease. Patients suffering from SLE often resort to corticosteroids, as there is no known cure for the disease. Ayurveda is a science which have its own methodology for understanding and treating a disease. Although this disease is not clearly delineated in classical ayurvedic texts, however based on the symptoms it can be correlated with vatarakta or raktavrita vata. The outcomes of this case study suggest that Ayurvedic management of SLE through virechan and saman chikitsa, yields optimistic results, justifying expanded exploration and experimentation in future.

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