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Effect of Treatment Regimen Practiced in Sri Lanka with Denibadi Kashaya on Pittanubandha Amavata wsr to Systemic Lupus Erythematosus (SLE) – A Case Study

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Abstract

Amavata is a disease occurred by combination of vitiated Vata Dosha with Ama. Madhava describes different clinical features present in Amavata; as when Vata, Pitta or Kapha Dosha are associated. When Pitta Dosha is associated, it can be considered as Pittanubandha Amavata which can be correlated with Systemic lupus erythematosus (SLE), a chronic autoimmune disease. In the present study, a patient suffering from Pittanubandha Amavata (Systemic Lupus Erythematosus) was treated for 281 days with 14 medicines including Denibadi Kashaya, a decoction very widely practiced in Sri Lanka. Sadyah Virechana was conducted in the patient when Agni became normal. The patient showed complete reduction in Angamarda (body ache), Jwara (fever), Aruchi (loss of appetite), Shoola and Raga (Pain and redness in elbow, wrist, knee, ankle and inter phalangeal joints), discomfort at flexion of inter phalangeal joints, Butterfly rash and fatigue. It is concluded that this treatment regimen can be use in treatment of Pittanubandha Amavata (Systemic Lupus Erythematosus) with effective results.

Keywords: *Pittanubandha Amavata, Amavata,* Systemic lupus erythematosus (SLE), *Denibadiya Kashaya*

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Introduction

Amavata is a disease. occurred by association of vitiated Vata with Ama. Ama is produced in the body due to derangement of functions of Agni. Ama gets combined with Dushit Vata / Prakopit Vata and circulates all over the body through Shira and Dhamani, gets lodged in Kaphasthana (like Sandhi because ShleshakKapha is located in *Sandhi*) and develops *Amavata*. [1] Clinical features of Amavata are Angamarda (pain in the body, especially in joints), Aruchi (impaired appetite), **Thrushna** of enthusiasm), Alasya (lack (thirst). Gaurawa (heaviness), Jwara (fever), Apakam (indigestion) and Shuntanga (swelling of the body parts especially joints). [2]

Further, Madhava describes that *Daha* and *Raga* (burning sensation and redness in the affected parts of the body especially joints) will be present when *Pitta Dosha* is associated, *Shoola* (pain in the affected parts of the body especially joints) will be present when *VataDosha* is associated and Guru (heaviness) and *Kandu* (itching) in the affected parts of the body, especially joints, will be present when *KaphaDosha* is associated. [3]

PravruddhaLakshana of Amavata are Hasta Padshiro Gulpha Trik Janu Uru Sandhi Sa Rujam Shotham (pain and swelling in hand, feet, ankle, knee, hip and spinal joints), Vyavidha IvaVrischika (pain is like scorpion sting), Agnidaurbalya (hindered digestive mechanism), Praseka (excessive salivation), Aruchi (anorexia), Gauravam (heaviness),

Utsahahani (lack of enthusiasm), Vairasya (altered taste in the mouth), Daham (burning sensation), Bahumutratam (excessive urination), Kukshau Kathinatam Shulam (hardness and pain in abdomen), Nidraviparyaya (disturbed sleep), Trit (Chardi (vomiting), **Bhrama** thirst), Murccha (unconsciousness). (fainting), Hridgraha (stiffness in pericardium), Vidvibaddhatam (constipation), (stiffness), Antrakujana (intestinal gargling) and Anaha (distension of abdomen) [4] Pawar (2017) corelates Systemic lupus erythematosus (SLE) PittanubandhaAmavata as there is a great involvement of Pitta Dosha and Rakta Dhatu in SLE. [5]

Systemic lupus erythematosus (SLE) is a chronic autoimmune disease that can affect multiple organs and systems. Arthritis, arthralgia, fever, butterfly rash and fatigue are the common clinical features of SLE. Anemia, atherosclerosis, pericarditis, Nephrotic syndrome, pleural effusion, shrinking lung syndrome, cranial nerve palsies, meningitis, chorea may present depending the system involved. [6]

Based on the clinical features and vitiated *Dosha* present in the patient and taking into consideration the properties and actions of the drugs, this treatment regimen was decided upon. So far, no scientific study has been conducted to evaluate the effect of these treatments. Hence, it was decided to observe and evaluate the effect of these treatments on a patient suffering from *PittanubandhaAmavata* (Systemic Lupus Erythematosus).



Case Report:

A 51-year old woman who attended the Outdoor patients' department (OPD) of Ayurveda Teaching Hospital, Borella, Sri Lanka suffering from PittanubandhaAmavata (Systemic lupus erythematosus) was selected. She complained of Angamarda (body ache), Jwara (fever) and Aruchi (loss of appetite). Further, she complained of butterfly rash on the face, *Shoola* and *Raga* (pain and redness in elbow, wrist, knee, ankle and inter phalangeal joints in both hands), discomfort at flexion of inter phalangeal joints in both hands and fatigue, .Selected patient was examined thoroughly and investigations such as ESR, and C-Reactive Protein (CRP) were carried out; though these investigations are not specific to Systemic Lupus Erythematosus. Severities of the symptoms were recorded using a specially prepared Therapeutic Proforma. effects evaluated through the symptomatic relief. Grading scale of the butterfly rash is given below and severity of the other clinical features were recorded using a specially prepared grading scale, also as used in previously published research papers. [7]

Preparation of Medicine:

All the medicines were prepared at the pharmacy, Ayurveda Teaching Hospital, Borella, Sri Lanka. Denibadiya Kashaya, [8] Sharkardi Kalka, [9] Ayurveda Pharmacopoeia, Department of Ayurveda, Sri Lanka. Ashvaganda Choorna was prepared as described in Yogarathnakara. [10]

[11] Thripal Guggul Kashaya, Vasaguduchyadi Kashaya, [12] Thriphala Kwatha, [13] Yogaraja Guggulu Vati [14] and Sinhanada Guggulu Vati, [15] Sudarshana Choorna, [16] Pinda Taila [17] were prepared according to Bhaishajjaratnavali. Kaphahara Kwatha and Tala Sathakuppadi Alepa were prepared according to the Sri Lankan Traditional method. Safufe Surinjan, was prepared according to the method given in the Ayuvedic Pharmacopoeia Unani, Department of Ayurveda, Sri Lanka. [18]

Preparation of *Denibadiya Kashaya*:

Denibadiya Kashaya is a Sri Lankan traditional medicine. 7.5g each of roots of Solanum melongena (Family: Solanaceae Sinhala name: Ela Batu), root bark of Oroxylum indicum (Family: Bignoniaceae; Sinhala name: Thotila), stem barks of Azadirachata indica (Family: Maliaceae; Sinhala name: Kohomba) and Crataeva religiosa (Family: Capparidaceae; Sinhala name: Lunuvarana), entire plant Munronia pinnata (Family: Maliaceae; Sinhala name: Binkohomba), Solanum xanthocarpum (Family: Solanaceae; Sinhala *Katuwelbatu*) name: and Cissampelospareira (Family: Menispermaceae; Sinhala name: Diyamitta) and fresh rhizomes of Zingiber officinalis (Family: Zingiberaceae; Sinhala name: *Inguru*) are cut into small pieces, boiled together with 1920ml of water until the final volume is reduced to 240ml. [8]





Preparation of Kaphahara Kwatha:

7.5g each entire plant of *Solanum* xanthocarpum (Family: Solanaceae; Sinhala name: Katuwelbatu), rhizomes of Zingiber officinalis (Family: Zingiberaceae; Sinhala name: Inguru), fruits of Vitis vinifera (Family: Vitaceae: Sinhala name: Muddaraspalam), roots of Adhatoda vasic Acanthaceae; (Family: Sinhala name: Adathoda), Clerodendrom serratum (Family: Verbenaceae; Sinhala name: Siritekku), Piper longum (Family: Piperaceae; Sinhala name: Tippili), stems of Glycyrrhiza glabra (Family: Leguminosae; Sinhala name: Welmi) and Galls of Pistacia chinensis (Family: Anacardiaceae; Sinhala name: Karkataka Shrungi) are boiled together in 960ml of water until the final volume is reduced to 240ml.

Preparation of Safufe Surinjan Powder:

48g of rhizomes of Colchicum luteum Sinhala (Family: Liliaceae: name: Surinjan), 12g of seeds of Cuminum cyminum (Family: Umbelliferae; Sinhala name: Sududuru), 36g of pericarp of Terminalia chebula (Family: Combretaceae; Sinhala name: Aralu), 24g of leaves of Cassia senna (Family: Fabaceae; Sinhala name: Snehekola), 12g of leaves of Mentha arvensis (Family: Lamiaceae, Sinhala name: Minchi). all ingredient is dry powdered and 144g of powder of sugar candy mixed together. [18]

Preparation of Sharkaradi Kalka paste:

5g of each of fruits of *Piper nigrum* (Family: Piperaceae; Sinhala name: *Gammiris*), and

Piperlongum (Family: Piperaceae; Sinhala name: Tippili), seeds of Embelia ribes (Family: Myrsinaceae; Sinhala name: Valangasal), Piper cubeba (Family: Piperaceae; Sinhala name: Valmolagu), pericarp of Sapindus trifoliate (Family: Sapindaceae; Sinhala name: Gaspenala), roots of Clerodendrom serratum (Family: Verbenaceae; Sinhala name: Siritekku), and Saussurea lappa (Family: Compositae; Sinhala name: Suvanda Kottam), tubers of Aconitum heterophyllum (Family: Ranunculaceae; Sinhala name: Atividayam), cloves of Allium sativum (Family: Liliaceae; name: Sudulunu), Sinhala Glycyrrhiza glabra (Family: Leguminosae; Sinhala name: Welmi) Galls of Pistacia chinensis(Family: Anacardiaceae; Sinhala name: KarkatakaShrungi), Potassium carbonate (Sinhala name: Yawakara Lunu), Black salt (Sinhala name: SuwasaLunu) and Rock salt (Sinhala name: Sahinda Lunu). 15g of roots of Anacyclus pyrethrum (Family: Asteraceae; Sinhala name: Akrapatta), 30g of rhizome of Picrorrhiza kurrooa (Family: Scrophulariaceae; Sinhala name: Katukarosana), 115g of sugar are powdered separately, and ground well, adding bee's honey, till it becomes a fine paste. [9]

Preparation of Tala Sathakuppadi Alepa:

Finely powdered 5g of each of seeds of *Sessamum indicum* (Family: Pedaliaceae; Sinhala name: *Tala*) and Fbeniculum *vulgare* (Family: Umbelliferae; Sinhala name: *Sathakuppa*), popped seeds of *Oryza sativa* (Family: Gramineae; Sinhala name: *Vee Pori*) and kernel of seeds of *Ricinus*



communis (Family: Euphorbiaceae; Sinhala name: Erandu) were taken, mixed with 250ml of fresh cow's milk and cooked. Then

the mixture was ground while adding 50ml of ghee.

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Table no- 1: Treatment Schedule:

Treatment	Days							
	01 to 28	29 to 56	57 to 112	113 & 114	115 to 142	142 to 197	198 to 225	226 to 281
Denibadiya Kashaya 120ml x BD (with 2.5g of latex of Ferula foetida)	+	-	-	-	+	+	+	+
Thriphal Gugul Kashaya 120ml x BD	-	+	-	-	-	-	-	-
Vasaguduchyadi Kashaya 120ml x BD	-	-	+	-	-	-	-	-
Kaphahara Kwatha 30ml x BD	+	-	-	-	-	-	-	-
Triphala Kwatha 30ml x BD	-	-	-	-	+	+	+	+
Yogaraja Guggulu (250mg) 2 pills x BD	+	-	-	-	-	-	-	-
Sinhanada Guggulu (250mg) 2 pills xBD	-	+	+	-	-	-	-	-
Sudarshana choorna 5g x BD	+	+	+	-	-	-	-	-
Safufe Surinjan 5g x BD with 5ml bee's honey	-	-	-	-	+	+	+	+
Ashwagandha Choorna 5g x BD	-	-	-	-	-	-	-	+
Sharkardi Kalka 2.5gm x BD	-	-	-	-	+	-	-	-
Tala Sathakuppadi Alepa	-	-	-	-	-	-	+	+
Purgation with 30ml of Eranda Taila(Day 113)	-	-	-	+	-	-	-	-
Samsarjana Krama (Day 113&114)								
Pinda Taila 5ml applied on affected areas once a day	+	+	+	-	+	+	+	+

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Table no- 2: Percentage of reduction of symptoms:

	BT	AT	Percentage
Clinical features	Grade	Grade	of relief (%)
Angamarda (Bodyache)	3	0	100%
Jwara (Fever)	1	0	100%
Aruchi (Loss of appetite)	3	0	100%
Shoola (Pain in elbow, wrist, knee, ankle and inter phalangeal joints)	3	0	100%

Results and Discussion:

The patient's clinical features were reduced gradually during the treatment period and after 281 days, completion of entire treatment all the symptoms were reduced completely as given in Table 2.

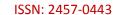
Erythrocyte Sedimentation Rate (ESR) was reduced from 80 mm/hr to 20 mm/1st hr after completion of the treatment and also C - reactive protein (CRP) was in normal level at the end of the treatment

According to the Ayurveda *Amavata* is a disease caused by vitiated *Vata Dosha* combining with Ama. Madhava describes that *Daha* and *Raga* (burning sensation and redness in the affected parts of the body, especially joints) will be present when *Pitta Dosha* is associated. Based on the clinical manifestations, Systemic Lupus erythematosus can be considered as *Pittanubandha Amavata*.

Deepana, Pachana therapies are indicated to enhance the Agni (digestive) as the patient is

suffering from Aruchi (loss of appetite) and, also to digest Ama. Due to Ama, channels are blocked (SrotasAvarodha). Therefore, drugs with Srothas Shodhana property are indicated. Vitiated *Dosha* should be expelled through Virechana Karma as it is best in Amavata. [19] Virechana Karma, expels vitiated Pitta Dosha in Pittanubandha (Systemic Amavata Roga Lupus Performing erythematosus). Virechana Karma with Eranda Taila is beneficial when Agni reaches to normal status (Samagni). At the end of the treatment Balya, Rasayana therapies should be indicated to promote strength.

Day 1 to Day 28 patient was treated with Denibadiya Kashaya, Kaphahara Kwatha, Yogaraja Guggulu, Sudarshana Choorna internally and Pinda Taila externally. Denibadiya Kashaya is widely used in *Amavata*. It possesses the properties of *Jwaraghna*, *Deepana*, *Srotas Shodhana*; pacification of vitiated *Vata* and *Kapha Dosha*. Kaphahara Kwatha pacifies vitiated *KaphaDosha*. Sudarshana Choorna has the





property of *Jwaraghna* and indicated in all types of fever. Yogaraja Guggulu is indicated in *Amavata*. Pinda Taila is able to pacify vitiated *Pitta Dosha*. These drugs are beneficial for *Pittanubandha Amavata* (Systemic lupus erythematosus) as they possess *Deepana*, *Srotas Shodhana*, *Jwaraghna*, *Pitta Dosha Hara* properties.

Day 29 to Day 56 patient was treated with Thriphal Gugul Kashaya, Sinhanada Guggulu, Sudarshana Choorna internally and Pinda Taila externally, Thriphal Gugul Kashaya is used to pacify vitiated *Pitta Dosha*, ulcers and suppuration. Sinhanada Guggulu is prescribed in *AmavataRoga*. Therefore, these drugs are beneficial for *PittanubandhaAmavata* (Systemic lupus erythematosus)

Day 57 to Day 112 patient was treated with Vasaguduchyadi Kashaya, Sinhanada Guggulu, Sudarshana Choorna internally and Pinda Taila externally. Vasaguduchyadi Kashaya- is used in cough, bleeding disorders and *Pitta Roga* Therefore these drugs are beneficial for *PittanubandhaAmavata* (Systemic lupus erythematosus)

Day 113 patient was subjected to SadyahVirechana (purgation) by giving 30ml of Eranda Taila (castor oil) and all the other medicines were stopped. Bhaisajyaratnavali advises to prescribe VirechanaKarma in treatment of Amavata [19] At this time fever was subsided and patient's appetite was normal, therefore, it was decided to conduct Day 226 to Day 281 patient underwent the treatment regimen as in Day 197 to Day

VirechanaKarma to expel vitiated Dosha. Day 114 patient followed Samsarjana Krama.

Day 115 to Day 141 patient was treated with Denibadiya Kashaya, Thriphala Kwatha, Sharkaradi Kalka, Safufe Surinjan Choorna internally and Pinda Taila externally. Pain in joints were little increased, therefore it was decided to give Denibadiya Kashaya again. Sharkaradi Kalka, a Sri Lankan traditional medicine indicated in cough and *Kaphaja Roga*, was prescribed because during this period patient complained cough and phlegm in the lungs. Safufe Surinjan Choorna is an Unani medicine indicated in arthritis, rheumatism, gout, sciatica and widely used in Ayurveda Teaching hospital, Borella, Sri Lanka.

Day 142 to Day 197 patient underwent the treatment regimen as in Day 115 to Day 141. In addition, Triphala Kwatha was given.

Day 197 to Day 225 patient underwent the treatment regimen as in Day 142 to Day 197. Tala Sathakuppadi Alepa was applied on affected joints in the afternoon at 2.00 pm and kept for 4 hours. Tala Sathakuppadi Alepa is a traditional Alepa used in swelling in joints and *Pittanubandha* Shotha. As this a *PittanubandhaAmavata* Roga, Tala Sathakuppadi Alepa was applied on affected joints.



225. Most of symptoms are reduced, Ashwagandha Choorna was prescribed as it possesses *Balavardhaka* (promote strength), *Rasayana* (promote immunity) and *MandagniNashaka* (enhance appetite) properties

Conclusion:

It is concluded that this treatment regimen can be utilized in patients suffering from *PittanubandhaAmavataRoga* (Systemic Lupus Erythematosus) with effective results.

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