

Role of Panchakarma in the Management of Masavritavata w.r.t Dermatomyositis - A Case Study

Case Report

Imtiaz Hossain Md¹, Mahesh M Parappagoudra^{2*}, Chimanda L Kamar¹

1. PG Scholar, 2. Assistant Professor, Department of Panchakarma,
Parul University, Parul Institute of Ayurved, Limda, Vadodara, Gujarat, India.

Abstract

Dermatomyositis (DM) is the most frequently occurring Idiopathic Inflammatory Myopathy (IIM) of skeletal muscles causing proximal muscles weakness. The average age at which this disease affects is 40 years and almost twice as many women are affected as men. Its prevalence rate is 2-10 per 1,00,000 in the general population. The actual cause is unknown but the disease has much common with autoimmune disorder in which your immune system mistakenly attacks our body tissue. Small blood vessel in muscular tissue are particularly affected in dermatomyositis. In this disease the ESR and CPK is usually raised. Due to similarity in the signs and symptoms, we can correlate this disease with *Mamsavrita-Vata* and its treatment can be planned according to it. Here is the case study of 40 years old female patient, diagnosed as Dermatomyositis since 3 months. Patient admitted in *Panchakarma* ward of Parul Ayurved Hospital, Vadodara. The *Panchakarma* procedures like *Udvardana*, *Nitya Virechana*, *Basti Chikitsa*, *Shasti Shali Pinda Sweda* and *Shamana Aushadi* like *Cap Palsineuron* and *Guduchi Rasayana* etc. are given. At the end of the treatment marked improvements were seen in the patient, like reduced ESR and CPK levels. Also the symptoms of the disease reduced significantly.

Key Words: *Mamsavrita-Vata*, *Basti Chikitsa*, *Shastishalipinda Sweda*, *Nitya Virechana*, *Udvardana*, Creatinine Phosphokinase (CPK).

Introduction

Idiopathic inflammatory myopathy (IIM) is a group of disorder characterized by inflammation of the muscle tissues along with weakness which develops gradually over a period of weeks to months or even years, other symptoms may include joint pain and general tiredness (fatigue)(1). On the basis of clinical, histopathological, immunological and Dermatographic criteria IIM are divided into 3 categories i.e. Polymyositis (PM), Dermatomyositis (DM) and Inclusion Body Myositis (IBM)(2). Dermatomyositis is the most common one among all these. Dermatomyositis (DM) is the most frequently occurring Idiopathic Inflammatory myopathy (IIM) of skeletal muscles causing proximal muscles weakness (3). The age prevalence is 30-50 years, it affects both children, adults and almost twice as many women are affected as men. The incidence is about 2-10 per million population per year (4). Patients developed skin and muscle inflammation simultaneously (5). 30% patients develop skin manifestation prior to muscle symptoms (6). IIM associated with proximal muscles weakness, initially

affecting large muscle of the trunk, neck and limbs. In dermatomyositis associated rash (classically described as a lilac or heliotrope discoloration) affects the upper eyelids and causes periorbital oedema and number of extramuscular clinical manifestation like fatigue, malaise, weight loss and low grade fever (7).

In Dermatomyositis, the ESR is usually raised, Antinuclear Antibodies frequently raised maybe positive in 50-80% of the patients, also elevated serum Creatinine Phosphokinase (CPK), elevated SGOT (serum glutamic oxaloacetic transaminase), SGPT (serum glutamic pyruvate transient) are seen. The line of treatment are steroidal therapy and immunosuppressive drugs (8), but these therapies comes with side effects and does not produce good result.

Based on the sign and symptoms like *Kathina*, *Vaivarnya*, *Pidaka*, *Shvayathu*, *Pipilikanaga Sanchara* (9), The Dermatomyositis can be correlated with *Mamsavrita-Vata* in *Ayurveda*. *Ayurveda* play an important role in management of *Mamsavrita-Vata*. The main treatment of *Mamsavrita-Vata* are *Virechana*, *Niruha Basti* and *Shamana Aushadhi*. *Panchakarma* treatment is basically a Bio cleansing regimen intended to eliminate the toxic elements from the body and thereby enhance immunity of the body.

Case Report

A 40 years old female, residing in Vadodara visited *Panchakarma* OPD (OPD.no.: 19008155) of Parul Ayurved Hospital Vadodara, with chief complaints of severe pain and stiffness in cervical region, bilateral shoulder joints, Low back region, weakness in lower

* Corresponding Author:

Mahesh M P

Assistant Professor,
Department of Panchakarma,
Parul University, Parul Institute of Ayurved,
Limda, Vadodara, Gujarat, India.
Email Id: maheshmp14@gmail.com

Imtiaz Hossain Md et.al., Management of Dermatomyositis in Ayurveda through Panchakarma: A Case study

limbs, unable to sit from lying position, intermittent fever was present, puffiness of face and reddish black discolouration on the face since 3 months.

Before 3 months patient was apparently healthy, later she had gradual appearance of above-mentioned symptoms and these symptoms lead to difficulty in walking and standing for more than 5 minutes, she consulted Allopathy Doctor and was diagnosed as Dermatomyositis. She was kept on steroidal therapy for 3 months but she got only symptomatic relief. All of a sudden, these symptoms started increasing and patient had puffiness with reddish and black discolouration on the face. After this patient came to Parul Ayurved Hospital for further management. Patient was admitted in the Panchakarma IPD ward of Parul Ayurved Hospital, for better treatment.

- **History of Past Illness:** No clinical case of Hypertension, Diabetes or Hypothyroidism.
- **On Examinations** of vitals are Temperature -98.90 F, Pulse rate – 80/min, Respiratory rate-20/min, Heart rate- 80/min, Blood pressure- 130/80 mmhg.
- **Rogi Pariksha:-** Patients is having VataKapha Prakriti, predominantly VataKapha Dosha vitiation is there with involvement of Rasa Rakta Mamsa Meda Dhatu Dusti, moderate Agnibala with slight coated tongue and Avara (poor) Vyayama Shakti.
- **Systemic Examination:** While examining respiratory system the shape and size of chest are normal, Air entry bilaterally equal- clear no Crepitations. While examining Cardiovascular System S₁ S₂ heard, No murmur and abnormal sound heard. While examining Central Nervous System Patient was conscious, well oriented, memory was good and changes in reflexes are mention in below table (1),

CNS examination (Table-1)

CNS Examination	Rt & Lt	Result
Deep Reflexes	Bicep jerk	Normal
	Triceps jerk	Normal
	Knee jerk	Normal
	Ankle jerk	Normal
Superficial reflexes	Abdominal reflex	Normal
	Plantar reflex	Normal
Co-ordination		Normal
Sensory examination		Normal

Treatment Advised: (Table -2)

Phase 1 st (18/3/2019 to 25/3/2019)				
I	S.N	Procedure	Days	Drugs
	1	Udavartana	7	Yava churna & Triphala churna
	2	Parisheka		Dashamoola Kashaya
	3	Nitya Virechana		Eranda taila 15ml with ushna jala
	4	Shamana		Panchakola phanta 100ml BD(B/F)
Phase 2 nd (25/3/2019 to 11/4/2019)				
II	1	Abhyanga	16	Ksheerabala taila
	2	Sweda		Shastishali Pinda

Gastro Intestinal Tract: Abdomen is soft, no tenderness/Pain was observed.

Samprapti Ghataka:

- **Dosha:** -VataKapha Pradhana Tridoshaja
- **Dushya:** - Rasa,Rakta,Mamsa,Asthi,Majja
- **Srotas:-**Rasavaha, Raktavaha, Mamsavaha, Asthivaha, Majjavaha
- **Srotodushti:** - Sanga
- **Ama:** - Sama
- **Udabhava sthana:** -Pakwashaya
- **Vyakta sthana:-**Adho Shareera

Figure: 1 Samprapti of MamsavrudhaVata (Etiopathogenesis)



Diagnosis and Treatment

After physical examination and investigations, the patient was diagnosed with *Mamsavruta-Vata* (Dermatomyositis) and the patient was administered both *Panchakarma* procedures and *Shamana Aushadhis* (internal medicines). The treatments were administered in following four phases.

Note: Total 47 days of collective *Panchakarma* treatments was administered to the patient, for better understanding of these treatments, it is been divided into 4 phases and the reasons behind selecting each treatments is explained below. Each phase of treatment administered one after the other.

	3	<i>Kala Basti (Mustadiraja Yapana Basti)</i>		<i>Anuvasana Basti(A) – Indukanta ghrta 30ml + Sahacharadi taila 30ml Niruha Basti (N) Madhu – 80gms Saindhav – 8gms Sneha – Indukanta ghrta + Sahacharadi taila (80ml) Kalka: Madhana phala, Shatapushpa, Pippali mula, Aswagandha, Musta (20gms) Kwatha: Mustadi ksheerapaka (200ml) Avapa-Mamsarasa-50ml</i>
	4	<i>Shamana</i>		<i>Bala+ Erandamoola+ Arjuna Kshirapaka 80ml BD (B/F) Cap Palsineuron 2 BD</i>
Phase 3rd (11/4/2019 to 24/4/2019)				
111	1	<i>Abhyanga</i>	8	<i>Kottamchukkadi taila</i>
	2	<i>Sweda</i>		<i>Patrapindasweda</i>
	3	<i>Yoga basti (Manjistadi Kshara Basti)</i>		<i>Anuvasana Basti (A) with Manjistha oil 30ml+ Chagaladi ghrta 30ml Niruha Basti (N) Madhu – 80gms Saindhav – 12gms Sneha – Manjisthadi taila + Chagaladi ghrta (80ml) Kalka: Madhana phala, Shatapushpa, Manjistha, Yashtimadhu, Yavakshara (20gms) Kwatha: Manjistha kashayam(150ml) Avapa: Gomutra (50ml)</i>
	4	<i>Shamana</i>		<i>Cap Palsineuron 2-0-2</i>
Phase 4th (24/4/2019 to 08/05/2019)				
IV	1	<i>Abhyanga</i>	16	<i>Ksheerabala taila</i>
	2	<i>Sweda</i>		<i>Shastishalipinda</i>
	3	<i>Kala Basti (Mustadi Yapana Basti)</i>		<i>Anuvasana basti (A) with Mahamasha taila30ml +Chagaladi ghrta 30ml Niruha Basti (N) Madhu – 80gms Saindhav – 8gms Sneha – Mahamasha taila+ Chagaladi ghrta (80ml) Kalka: Madhana phala, Shatapushpa, Ashwagandha, musta, bilva (20gms) Kwatha: Mustadikshirapaka (250ml)</i>
	4	<i>Shamana</i>		<i>Guduchi rasayana</i>

Mustadiraja Yapana Basti Schedule (Table - 3)

Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<i>Anuvasana (A)/ Niruha(N)</i>	A	A	N	N	N	A	N	N	N	A	N	N	N	A	N	A

Manjistadi Kshara Basti Schedule (Table - 4)

Days	1	2	3	4	5	6	7	8
<i>Anuvasana(A) / Niruha(N)</i>	A	N	A	N	A	N	A	A

Mustadi Yapana Basti Schedule (Table - 5)

Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<i>Anuvasana (A) / Niruha (N)</i>	A	A	N	N	N	A	N	N	N	A	N	N	N	A	N	A

Discharge medicine for 15 days (Table - 6)

Drugs	Dose
<i>I.Kaishora Guggulu</i>	2 – 2 – 2 after food
<i>I.Cap Kshirabala 101</i>	2 – 0 – 2 after food
<i>I.Brihatchintamani ras</i>	1 – 0 – 1 after food
<i>I.Manjisthadi Kashaya</i>	50ml – 0 – 50ml before food

Assessment of Results:

Range of Movement: Hip (Table - 7)

SL NO.	ROM	Before treatment	After treatment	After Follow up
1	Flexion	0-30 ⁰	0-70 ⁰	0-70 ⁰
2	Extension	0-30 ⁰	0-70 ⁰	0-70 ⁰
3	Abduction	0-10 ⁰	0-25 ⁰	0-25 ⁰
4	Adduction	0-10 ⁰	0-25 ⁰	0-25 ⁰

Physical examinations: (Table - 8)

Examination test	Before treatment	After treatment	After follow up of 30 days
Coin pick test	Not possible	Possible with slight difficulty	Possible with slight difficulty
SLR test	Positive at 30 ⁰ in both leg	Positive at 70 ⁰ in both leg	Positive at 70 ⁰ in both leg
Bragard test	Positive	Negative	Negative
Faber test	Positive in both sides (severe pain)	Positive in both sides (slight pain)	Positive in both sides (slight pain)
Power	Lower limb +3	Lower limb +4	Lower limb +4
Tone	Hypertonia	Normal	Normal
Walking time	5mins for 20 meters	2 min for 20 meters	2 min for 20 meters
Gower sign	Positive	Positive	Positive

Specific Investigations: (Table - 9)

Investigation	1 st day	After 15 days	After 30 days	After treatment
WBC	13810	8600	9800	10800
Hb%	10.4gms %	10.3gms%	10.1gms%	10.5gm%
Platelet count	547000	366000	341000	417000
CPK	3044	821	515.6	299.5
SGOT	758	110	71	50
SGPT	170	87	43	29
Protein	+ve	-ve	-ve	-ve
Uric acid	8.2	7.9	7.7	7.1
Urea	62	54	23	28

Graphical presentation of results obtained:

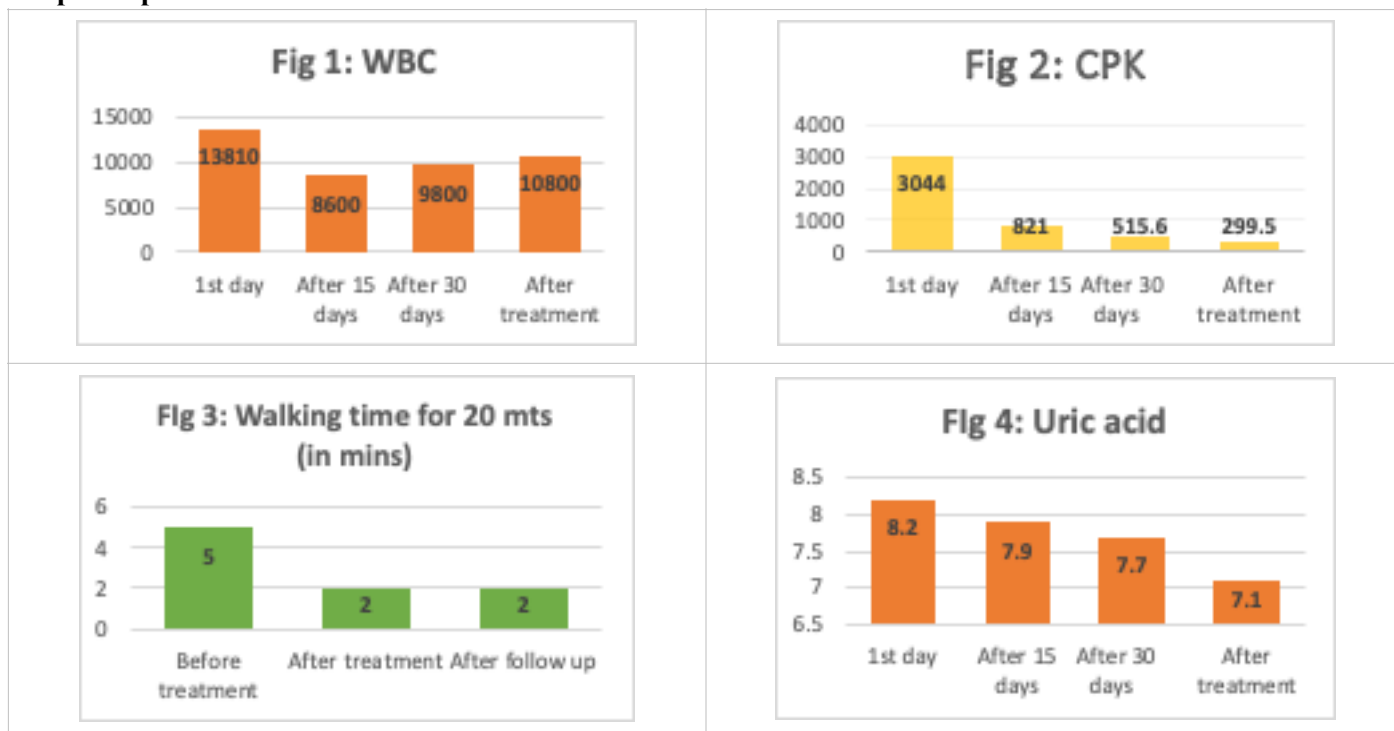


Fig 5: SGOT

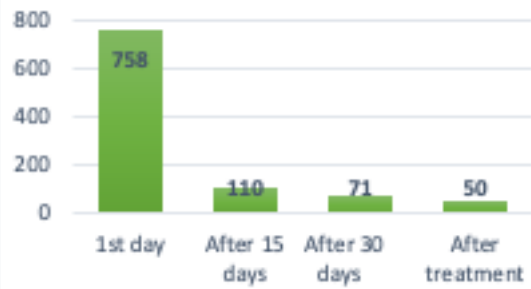


Fig 6: SGPT

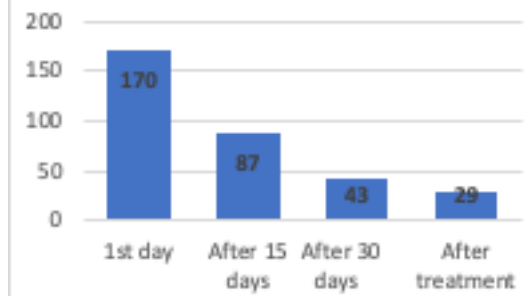


Fig 7: Power in Lower limb

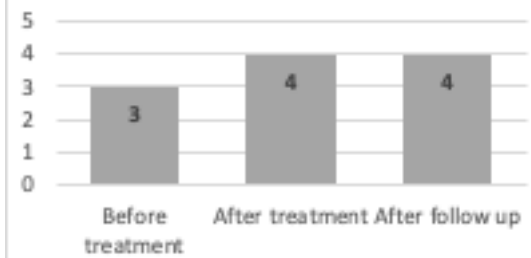
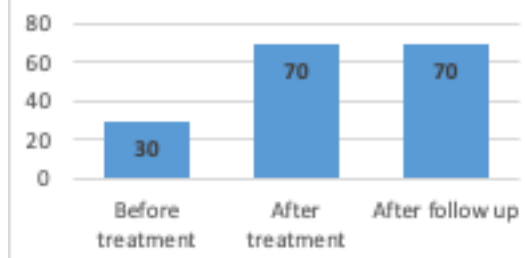


Fig 8: SLR test



Discussion

After detail history taking and physical examinations, the patient condition was diagnose as *Mamsavrita-Vata*. The main line of treatment of *Mamsavrita-Vata* are *Virechana*, *Niruha Basti* and *Shamana Aushadhi*. The patient was complaining of reduced appetite, puffiness of face, stiffness and heaviness of lower limb along with pain, to treat these kind of symptoms, the treatment which are having properties like *Deepana*, *Amapachana*, *Srotoshodhana* and *Rukshana Chikitsa* are selected. So the Phase 1st treatment protocol was adopted which consists of *Udvardana* with *Yava Churna + Triphala Churna*, followed by *Dashamoola Kashaya Parisheka* and *Nitya Virechana* with *Eranda Taila*, along with *Shamana Aushadi* like *Panchakola Phanta* was given for 7 days.

1st Phase

- ◆ *Udvardana* with *Yava + Triphala Churna* was selected, as the *Udvardana* is indicated in *Vataja* and *Kaphaja* disorders, it does '*Kaphavilayana*' and '*Srotoshodhana*' also helps to dissolve the vitiated *Meda Dhatu* and promotes *Agni*.
- ◆ The *Udvardana* is generally administered in *Gauravata* (heaviness of body), *Shula* (pain all over body) and *Aamaja* conditions. The *Yava Churna* is having properties like *Kashaya rasa*, *Ruksha Guna* and *Lekhana Karma* (10). The *Triphala Churna* is having properties like *Kashaya rasa*, *Ruksha guna* and *Tridosha Shamaka*, *Twachya*, *Medohara* and *Deepaniya* (11). Hence these both drugs are selected

for *Udvardana* during initial course (1st phase) of treatment.

- ◆ *Parisheka* with *Dashamoola Kashaya* is indicated in both *PittaKaphaja* and *PittaVataja* disorders. Also it is indicated in symptoms like *Shota*, *Shoola*, *Gauravata*, and *Sthamba*. Here the *Dashamoola Parisheka Sveda* might be taken as a *Ruksha Drava Sveda*, as it is having properties like *Laghu Guna*, *Tridosha Shamaka*, mainly *Vata-Kapha Shamana* (12).
- ◆ *Nitya Virechana* with *Eranda Taila* for 15 ml with *Ushna Jala* in empty stomach was given, as Patient was having reduced appetite, Puffiness of face and heaviness. *Virechana Karma* does the *Vata anulomana*, *Agnideepana* and expels out the morbid *Pitta Dosh*. *Eranda Taila* it is having *Sukshma Guna* and *Ushna Virya*, it does elimination of the morbid *Dosha* from the *Sukshma Srotas* of the body, it also acts as *Amapachana* increases digestion fire i.e. *Jataragni* (13). Hence *Eranda taila* was selected for *Nitya Virechana* purpose.
- ◆ *Panchakola Phanta* was administered for *Amapachana* and *Agnideepana*, as it is having predominance in *Katu Rasa*, *Laghu-Ruksha-Tikshna Guna* and *Ushna veerya* (14).
- ◆ Later after achieving *Samyak Deepana*, *Amapachana* and *Srotoshodhana*, Phase 2nd *Bhrimhana Karma* treatments were adopted i.e. *Abhyanga* with *Ksheerabala taila*, *Shashtika Shaali Pinda Sweda*, *Mustadirajayapana Basti*, and *Shamana Aushadhi* with *Bala Churna + Erandamoola Churna + Arjuna Churna Kshirapaka* and *Cap Palsineuron* was given for 16 days.

2nd Phase

- ◆ **Sarvanga Abhyanga** with **Ksheerabala Taila**: *Abhyanga* does *Vata anulomana*, *Srotoshodhana*, *Pustikara*, and *Twakdardhyakara*. *Ksheerabala Taila* is having *Vatapittashamaka*, *Balya*, *Brimhana* and *Rasayana* properties. It helps to strengthen and rejuvenate nerves and muscle (15).
- ◆ **Shasti Shali Pinda Sweda**: It is one type of *Pinda Snigdha Sweda*, it contains of *Shastishali*, *Balamoola Kwath* and *Ksheera*. It is mainly indicated in *Mamsavrita-Vata* and it helps to improve muscle bulkiness and movement of both upper and lower limbs. It is mainly *Brimhana* in nature, it is also *Vatahara* and *Balyakara*. Ingredients like *Balamoola Kashaya* and Milk, are having *Sheeta Virya*, *Balya*, *Brimhaniya* and *Vatapitta Shamana*, Hence these both helps in improving muscle power, strength and also they does *Dehadardhyakrita* (16). *Swedana* does vasodilatation which increases the blood circulations and oxygen supply to the tissue as well as removal of waste material from the body which facilitates free movement of *Vata Dosha* leading to reduced stiffness in the body (17).
- ◆ **Mustadirajayapana Basti**: It is the king of all *Yapana Basti* mentioned in classics and can be given for longer duration without any adverse effects. It is having predominant *Vatahara* and *Rasayana* properties and does *Shodhana* and *Brimhana Karma* (18). The *Acharya Charaka* mentioned '*SadyoBalajanana*' (improves the strength quickly) as the unique quality of *Rajayapana Basti* (19). *Deepana* and *Pachana* property of *Mustadirajayapana Basti* helps in kindling of *Agni*. *Agni* is very essential for the formation of *Dhatu* and process of metabolic transformation so all the *dhatu* get nourished well.
- ◆ **Yamaka Sneha** are adopted for *Anuvasana Basti* with *Indukantam Ghrita* 30ml + *Sahacharadi taila* 30ml, because *Yamaka Sneha* has property of treating *Dosha* which situated in deeper *Dhatu*s, *Taila* is mainly used for *Vata Dosha Shamana* and *Ghrita* for *Pitta Dosha Shamana*. The *Mamsavrita-Vata* is one of the *Kshayaja Vyadhi* by adopting *Yamaka Sneha* in the form of *Taila* and *Ghrita* does *Brimhana Karma* (nourishing the body).
- ◆ **Indukantam Ghritam**: It mainly contains *Dashamoola*, *Panchakola*, *Yavakshara*. It does as *Vatakapha Shamana*, *Vata anulomana*, *Balya*, *Deepana-Pachana*, *Srotoshodhana*, *Shuladhara* and *Kledahara*. It can increase both *Jatharagni* and *Dhatvagni*. It mainly acts on *Amashaya Sthana Udana* and *Samana Vata*. It even acts as acts as immune modulator (20).
- ◆ **Sahacharadi taila**: It is having *Vatakapha Shamana*, *Vatanulomana*, *Srotoshodhana*, *Balya*, *Dhatuvardhaka*, *Shophashuladhara* properties and it mainly acts on *Adhakaya Vata Roga* (21).
- ◆ **Bala + Erandmoola + Arjuna Ksheerapaka**: The milk is processed with the various *Ausadhi Dravya* which are found to be highly useful in curing certain ailments. *Ksheera* generally has the properties of being *Madhura*, *Sheeta*, *Snigdha*. It is *Ajanma-Satmya*, *Tustikara-Pustikara* (22), increases *Mamsa*

Dhatu, act as *Jeevaniya Shakti*, reduces fatigue. It acts as *Doshashamaka* and *Srotashodhaka*. *Arjuna* and *Bala* are having *Balya*, *Rasayana* properties which promotes strength and nourishment of *Dhatu* or tissues. *Erandamoola* is having *Shulaghna* and *Shothaghna* property which helps in reducing the pain and puffiness of face (23).

- ◆ **Capsule Palsinueron** was given during the whole course of treatment. It is a proprietary medicine prepared by combination of *Ekangaveera Ras*, *Mahavatavidhvamsa Ras*, *Sameer Pannag Ras* and *Sutasekhara Ras*, and all these *Yogas* are directly indicated in *Vataja Roga* (24). Due to this specific type of combination, it was administered to patient to tackle symptoms like weakness and stiffness in the muscle.
- ◆ After administration of above treatments, we found better improvements in pain, stiffness, range of movements, walking time and even patient can sit from lying position without any support. We found significant changes in the laboratory investigations like CPK, Hb gm%, Serum Urea, SGPT and SGOT. However, we got no improvement in signs like puffiness of the face with reddish black discoloration. The dose of steroids were reduced.
- ◆ After completion of 2nd Phase, certain symptoms developed like *Agnimandata* and *Gauravata*. It is due to long-term administration of *Brimhana* therapy i.e. 16 days. To reduce these symptoms, 3rd Phase of treatment protocol adopted for 8 days i.e. *Sarvanga Abhyanga* with *Kottamchukkadi Taila*, *Patrapinda Sweda*, *Manjisthadi Kshara Basti*, *Anuvasana Basti* with *Chagaladi Ghritam* 30ml+ *Manjisthadi taila* 30ml and *Shamana Aushadhi* like Cap Palsineuron is given.

3rd Phase

- ◆ **Sarvanga Abhyanga** with **Kottamchukkadi Taila**: The *Kottamchukkadi Taila* contains more than 9 herbs, it is indicated in *Vataja* disorder mainly *Mamsa-Medogata Vata*, it has *Amapachana* property, it does *Lekhana*, *Doshavilayana* and *Srotoshodhana* which helps in relieving obstruction of *Vata Dosha* (25).
- ◆ **Patra Pinda Sweda**: Leaves of medicinal plants having analgesic and anti-inflammatory properties are the important ingredients of this procedure. It relieves stiffness, swelling and pacifies the morbidity of *Vata* and *Kapha* in the affected joints, muscles and soft tissues causes sweating and bring about lightness and a feeling of health in the affected joints, muscle and soft tissue (26).
- ◆ **Manjistha Kshara Basti**: *Acharya Chakrapani* has mentioned *Kshara Basti* in *Niruha Basti Adhikar*. The *Kshara*, *Gomutra* along with other *Tikshna Dravya* are used in the preparation of *Kshara Basti*. *Kshara Basti* is more effective in *Kapha Avruta Vata* condition. *Manjisthadi Kshara Basti* has antagonistic qualities towards *Kapha Dosha* due to *Gomutra* and to *Pitta* as well as *Rakta*, as it contains *Manjisthadi Kwatha* (27). *Manjisthakshara basti* acts as a *Kaphapitta Shamaka*, *Raktaprasadana*, *Dipana*

Pachana, Lekhana, Varnya (28) and anti-inflammatory, which helps in reduction of puffiness of face.

- ◆ **Anuvasana Basti** with **Chagaladi Ghrita** 30ml + **Manjisthadi Taila** 30ml was given. The *Chagaladi ghrita* used in the treatment of all types of *Vata* disorders involving emaciation, lack of strength, pain, stiffness (29). The *Manjisthadi taila* is mainly does *Vatapitta Shamana, Twachya, Varnya*, and anti-inflammatory which helps in reducing discoloration of the face (30).
- ◆ After 3rd Phase treatment protocol, the symptoms like *Gaurava* and *Agnimandhya* were reduced. At last, the 4th Phase of treatment protocol i.e. *Bhrimhana Chikitsa* was adopted for 16 days i.e. *Sarvanga Abhyanga* with *Ksheera Bala Taila, Shahti Shali Pinda Sweda, Mustadhiyapana Basti, Anuvasana Basti* with *Mahamasha taila* with *Chagaladi Ghrita* and *Shamana Aushadhi* like *Guduchi Rasayana*.

4th Phase

- ◆ **Anuvasana Basti** with **Mahamasha Taila** (31) 30ml + **Chagaladi Ghrita** 30ml, both are *Vata Shamana, Vatanulomana, Dhatubalya, Bhrimhaniya, Shoshahara, Sankocha Hara* and *Sulaprashamana*. This indirectly helps to treat the symptoms like stiffness, pain and to strengthen the muscle.
- ◆ **Guduchi Rasayana**: It was administered in empty stomach once daily with restricted diet regimen. i.e.

Guduchi Rasayana: (Table no:- 10)

No. of Tablets	No. of Days
4 tabs	1-4 days
8 tabs	5-8 days
16 tabs	9-12 days
8 tabs	13-16 days
4 tabs	17-20 days

The term *Rasayana* refer to nourishment or nutrition. *Rasayana* drugs acts essentially on nutrition dynamics and rejuvenate the body and psyche. *Rasayana* drugs also promotes intellect and strength, prolongation of life. By the use of *Rasayana Karma* one can attain longevity, excellence of lustre, complexion, optimum strength of physique. The meaning of word *Rasayana* is to attain the excellence quality of *Rasa Dhatu*. It is having *Ushna Virya* and *Tridosha Shamaka* property. It acts as an Immune modulator and anti-oxidant (32). Based on the signs and symptoms of dermatomyositis i.e. inflammation of the skin, degeneration of the muscle tissues, discoloration, swelling, and as an auto immune condition, the *Guduchi Rasayana* was selected for treatment, as it has a good effect on these symptoms. It was given in *Vardhaman matra* i.e. increasing dosage form, starting with 4 tablets for 4 days upto 16 tablets then gradually decrease to 4 tablets (Table no: 9).

Conclusion

The present case study justifies the successful management of Dermatomyositis (*Mamsavrita-Vata*) through Panchakarma procedures along with certain

Shamanaushadi (Internal medicines). In this case study the patient was administered *Panchakarma* treatments in acute stage, hence got better improvements in her symptoms and laboratory investigations like CPK, SGOT, SGPT, Uric acid and WBC count (due to presence of traces pathology in patient there was raise in WBC count during discharge). The disease diagnosing factor i.e. CPK level came to normal, i.e. before treatment it was 3400 IU and after treatment it was 299 IU. We found very less improvement in signs like Puffiness of face and discoloration of face. This single case proved the importance of *Panchakarma* treatments in the management of Dermatomyositis (*Mamsavrita-Vata*). But there is need of large number of sample size to standardize the *Panchakarma* treatment protocol, in the management of Dermatomyositis.

References:

1. Munjal. Y.P, (2015) Tenth edition, API textbook of Medicine Vol I, Jaypee Brothers Medical Publishers (P) Ltd. New Delhi.
2. Munjal Y.P. (2015) Tenth edition, API textbook of Medicine Vol I, Jaypee Brothers Medical Publishers (P) Ltd. New Delhi.
3. Das P.C. & Das P.K.. (2013) fifth edition, Text Book of Medicine Pg 455, Currentt Books International 60, lenin saranee kolkatta.
4. Das P.C. &. Das P.K. (2013) fifth edition, Text Book of Medicine Pg 456, Currentt Books International 60, lenin saranee kolkatta.
5. George K M. & P Aggarwal., fifth edition, Medicine prep manual for undergraduates P 745, ELSEVIER
6. George K M. & P Aggarwal. fifth edition, Medicine prep manual for undergraduates P 745, ELSEVIER
7. Munjal Y.P, (2015) Tenth edition, API textbook of Medicine Vol I, Jaypee Brothers Medical Publishers (P) Ltd. New Delhi.
8. George. K M & Aggarwal P., fifth edition, Medicine prep manual for undergraduates P 745, ELSEVIER
9. Sharma R, & Dash. B, (2013). *Caraka Samhita*, Vol V(p. Pg 38). Varanasi: Chowkhambha Sanskrit.
10. Jain R., Jain P., & Patil S. (2013). *Yava*(Barley)-A key to the life style disorder. *Ayurpharm Int J Ayur*, (138-143).
11. Shafeer V.M. (2014). *Samhita of Ayurvedic medical specialities* (3rd ed., p. Pg 580). Tamil Nadu: Dr Y.Mahadeva Iyer's Srisarada Ayurveda Hospital.
12. Shafeer V.M. (2014). *Samhita of Ayurvedic medical specialities* (3rd ed., p. Pg 210). Tamil Nadu: Dr Y.Mahadeva Iyer's Srisarada Ayurveda Hospital.
13. Kamat S. (2016). *Bhavaprakasha nighantu* (1st ed., p.236). Varanasi. Chaukhambha Sanskrit.
14. Shafeer V.M. (2014). *Samhita of Ayurvedic medical specialities* (3rd ed., p. Pg 138). Tamil Nadu: Dr Y.Mahadeva Iyer's Srisarada Ayurveda Hospital.
15. Shafeer V.M. (2014). *Samhita of Ayurvedic medical specialities* (3rd ed., p. Pg 439). Tamil Nadu: Dr Y.Mahadeva Iyer's Srisarada Ayurveda Hospital.
16. Patel M. (2019). Pakshaghata and its management through Panchakarma- A case study. *Wjpps*, 8(2, 1473-1480).

17. H, M. (1998). *Fundamental of Anatomy and physiology* (4th ed., p. Chp 5). New Jersey: Inc.Simon and Schuster.
18. Govindas, Bhaishajya Ratnavalli, Balaroga Chikitsa Prakarana,71/48, edited by B.H.Mishra, A.S. Shastri, reprinted Chaukhambha Prakadhan, Varanasi, 2013;1217-8.
19. Govindas, Bhaishajya Ratnavalli, Balaroga Chikitsa Prakarana,71/48, edited by B.H.Mishra, A.S.Shastri, reprinted Chaukhambha Prakadhan, Varanasi, 2009,678.
20. Shafeer V.M. (2014). *Samhita of Ayurvedic medical specialities* (3rd ed., p. Pg 478). Tamil Nadu: Dr Y.Mahadeva Iyer's Srisarada Ayurveda Hospital.
21. Shafeer V.M. (2014). *Samhita of Ayurvedic medical specialities* (3rd ed., p. Pg 470). Tamil Nadu: Dr Y.Mahadeva Iyer's Srisarada Ayurveda Hospital.
22. Gholap AH, Mahajan MP., Gupta MK.,An Ayurvedic review of medicated milk from Charak Samhita w.s.r to its Internal usage in various diseases. IJAPR,2015;3(5):1-5.
23. Lucas D.S., Dravyaguna-Vijnana Study of Dravya-Material Medica Vol II Chaukhambha Bharati Academy Varanasi,2012 pg47,167, 389.
24. Palsinuron Capsule-Uses,Side-effect,Reviews, and precautions- S G Phyto pharma- Tablet wise.
25. Clinical study report on Migraine [Internet]. [cited 2020 Dec 12]. <https://www.sgphyto.com/wp-content/uploads/2017/06/Palsinuron-Capsule.pdf>
26. Kumar T. & A.Thakar, Kottamchukkadi taila: A theoretical analysis, WJPR Vol 7,issue 9,2018
27. Bhusal, N. S. Prakash &G. Mangal., A review on Patra Pinda Sweda: A peculiar Ayurveda bolus fomentation, IAMJ, may 2017.
28. Acharya YT; et al; Sushrut Samhita with Nibandha Sangraha and Nayachandrika commentary. Varanasi, Chaukhambha Sanskrit Sansthan, Edition2012, Sutrasthana, Chapter11, pgno-45
29. Shafeer V.M. (2014). *Samhita of Ayurvedic medical specialities* (3rd ed., p. Pg 432). Tamil Nadu: Dr Y.Mahadeva Iyer's Srisarada Ayurveda Hospital.
30. Rao GP, Bhaishajya Ratnavalli of Kaviraj Shri Govind das Sen Vatavyadhi adhikara pg 436-461 , Chaukhambha Orientalia Varanasi,2014
31. Shafeer V.M. (2014). *Samhita of Ayurvedic medical specialities* (3rd ed., p. Pg 584). Tamil Nadu: Dr Y.Mahadeva Iyer's Srisarada Ayurveda Hospital.
32. Shafeer V.M (2014). *Samhita of Ayurvedic medical specialities* (3rd ed., p. Pg 466). Tamil Nadu: Dr Y.Mahadeva Iyer's Srisarada Ayurveda Hospital.
33. Acharya VY, Editor. Sushruta Samhita of Sushruta, Sutrasthana, Ch.1, Ver.8,7th edition, Varanasi, Choukhamba Orientalia 2002.
