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Scleroderma – Ayurveda Management

Case Report

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Abstract

Skin diseases are commonly observed day by day due to altered life style, improper hygiene, mental stress, over eating and nutrition deficiency. All the skin diseases in *Ayurveda* have been discussed under the broad heading of *Kushtha*, which are further divided into *Mahakushtha* and *Kshudra Kushtha*. *Kapala kushtha* is a type of *Mahakushtha* with symptoms like blackish red skin patches, which resembles pot sherds, dry, rough, thin, wide, of uneven edges with severe pain and less itching. It can be compared to scleroderma; the first specific clinical symptoms to suggest a diagnosis of scleroderma is skin thickening. Later the skin becomes hard, shiny, leathery and hardens like a stone. This article highlights a case study of *Kapala Kushtha* treated with the *Ayurvedic* principles in particular *Shodhana Chikitsa*; the therapy which expels out the morbid *Doshas* from the body. *Kushtha* is difficult to cure, so it is called '*Dushchikitsya*' but by the application of *Shodhana* therapy, cure of the diseases becomes easier due to removal of the root cause. Here is a case study of 67yrs/female having signs and symptoms of *Kapala kushtha*. The patient was admitted and managed with *Shodhana Chikitsa* (purification) which included *Raktashodhak Ksheer Basti* (medicated enema) and *Virechan* (purgation) followed by *Shaman Chikitsa* (pacification) and the results with rationality have been depicted in this article.

Key Words: Kushtha, Kapala Kustha, Shodhana Chikitsa, Raktashodhak Ksheer Basti, Virechan, Dushchikitsya.

Introduction

Skin is the largest protective organ of the body for both internal and external environment. It reflects pathological, physiological, metabolic conditions of the body and thus it helps in diagnosis of disease. According to Ayurveda, twacha is considered as the first line of defence of the body. Disease which manifests in the seven layers of twacha are considered as twakaroga which involve 7 factors like 3 Doshas and 4 Dushyas i.e twaka, rakta, mamsa, lasika (1). Ayurvedic classification i.e., Mahakustha, Kshudrakustha are all included in obstinate skin diseases in modern science. Acharvas have described that all Kushtha have tridosha involvement but the type of Kushtha depends on the predominance of particular Doshas (2). The nature of Kushtha roga is described by Acharya Charaka by the term Dirgharoga and its importance lies in the fact that, it is considered as one among the eight Mahagadas by Acharya Vagbhata and Sushruta (3). Changing lifestyle like eating ice cream at night, consumption of undigested & heavy food, unhealthy diet, stress enhance

P.G. Scholar, Department of Kayachikitsa, Dr. D. Y. Patil College of Ayurveda and Research Centre, Pimpri, Pune of Dr. D. Y. Patil Vidyapeeth, Pune (Deemed to be University). India Email Id: bbhawani9@gmail.com the cases of Kushta. Kapala kustha is one of the Mahakustha in which we can see the patches in the skin looks like black and reddish pieces of Kapala and they are unctuous, rough, thick to touch and associated with excessive pain (4). According to Ayurveda, the etiological factors for Kapala Kustha are Viruddha Aahara and Vihara (unwholesome food and habits), Panchkarma Mithyayoga (improper Panchakarma procedures) hence causing vitiation of Vatadi Dosha (5). The treatment of Kushtha is carried out according to the predominance of the Doshas (6). In Vata predominant Kushtha roga oral intake of medicated ghee is indicated, in Kapha predominant Kushtha roga Vaman therapy (medicated emesis) should be done and in Pitta predominant Kushtha roga Raktamokshana (blood-letting therapy) and Virechan therapy (medicated purgation) are indicated (7). Other treatment modalities include Basti (medicated enema), Nasva (medicated nasal instillations), Dhoomapana (medicated inhalation therapy), Lepa (thin external application), Pradeha (thick external application), and use of internal medications (8). It can be compared to scleroderma; the first specific clinical symptoms to suggest a diagnosis of scleroderma is skin thickening that begins as swelling or puffiness. Later the skin becomes hard, shiny, leathery and hardens like a stone (9). The word scleroderma originates from Greek word "scleros" meaning hard and "derma" meaning skin. Scleroderma is mostly seen in women between 30-50 years of age and its prevalence is 250 cases in a million. Although the aetiology of scleroderma is not clear, genetic, and

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environmental factors have been held responsible for the onset of this condition (10). First degree relatives of scleroderma patients have a high probability of developing the disease. Silica powder, vinyl chloride, Ltryptophan, silicone breast implants and organic solvents are among the environmental factors which were suspected to cause this condition. For present study, we have reported a 67-year female patient having symptoms of *Kapala Kushtha* (Scleroderma) since last 4 years. The patient was treated with *Shamana Chikitsa* (pacification) and *Shodhana Chikitsa* (purification) with *Ayurvedic* oral medications and *Pathya* (wholesome diet) regimen. Patient started feeling better within 20 days with moderate relief.

Materials and Methods

- Study design: It is a single case study.
- Informed consent was taken from the patient in their language before starting the treatment.
- For the present study 67 years old female patient having symptoms of *Kapala Kustha* for 4 years has been discussed in detailed manner.
- Assessment criteria: Subjective parameters were assessed according to the gradation of signs and symptoms.
- Patient was treated with oral medications and *Panchkarma* therapy.

Case Report

A 67-year Hindu female patient residing in Moshi, Pune came to OPD of Kayachikitsa Department of Dr. D. Y. Patil Ayurveda Hospital on the date 25 September 2019; with the following complaints:

- Chief Complaints: Ubhaya Hasta and Manya Pradeshi Rookshata, Kharata, Daha, Kandu, Krushnavarni twaka vaivarnya.
- History of Present illness: She was well before 4 years then she shifted to her native place where she was constantly exposed to sun rays because of farm work. Then gradually her skin became excessively dry & rough associated with on and off itching all over body. Due to severe dryness and itching, gradually she developed blackish discoloration of skin. She took allopathic treatment for the same from general practitioner which provided temporary symptomatic relief followed by recurrence of symptoms and hence she came to Dr. D.Y Patil Ayurveda Hospital for ayurvedic line of management.
- **History:** K/C/O Hypertension and Diabetes Mellitus from the last 5 years. On Regular Medication Tab Amlodipine 5mg 1OD, Tab Glycomet 500mg 1OD, Tab Ecosprin 75 1OD.
- Family History: Nil

• Personal History:

- Appetite- Normal
- Addiction- No
- Bowel Habit- Normal 1 time/day
- Urine- Normal

- Sleep- Disturbed due to itching & burning sensation
- Diet- Vegetarian diet, mainly of salt predominance food intake.

• Investigations:

- All investigations mentioned below are dated on 26/09/2019
- CBC- Hb-11.5gm/dl, WBC- 6800/cumm, Platelet- 3.11 lac/cumm
- Blood Urea- 15 mg/dl,
- Sr.creatinine- 1 mg/dl
- Urine routine & microscopic- NAD
- BSL (F)- 177 mg/dl, BSL (PP)- 236 mg/dl

• Skin examination:

- Inspection:
- Blackish discoloration of skin over neck, both hands.
- Palpation: Moisture- dryness
- Temperature- Warmth on lesion
- Texture- dry
- Itching and burning sensation increases when exposed to sun and dusty winds.

• Differential Daignosis:

- Kapala Kustha
- Mandala Kustha
- Udumbara Kustha

Diagnosis

Disease was diagnosed as *Kapala Kustha* (Scleroderma), based on following parameters which is given below in Table No.1.

Table No.1 Parameters

| Sr.No. | Parameters | Findings | Grading |
|--------|--|---------------------------------|---------|
| | Kandu (Itching) | Absent | 0 |
| 1 | | Mild (Occasional) | 1 |
| 1 | | Moderate (Frequently) | 2 |
| | | Severe (Disturbs sleep) | 3 |
| | Daha (Burning sensation) | Absent | 0 |
| 2 | | Mild (Occasional) | 1 |
| 2 | | Moderate (Frequently) | 2 |
| | | Severe (Disturbs sleep) | 3 |
| | Rukshata | Absent | 0 |
| | | Mild (Not seen felt by touch) | 1 |
| 3 | | Moderate (Stretching of skin) | 2 |
| | (Dryness) | Severe (Chapping of the skin) | 3 |
| | <i>Kharata</i> (Roughness) | Absent | 0 |
| 4 | | Mild roughness on touch | 1 |
| 4 | | Moderate roughness on touch | 2 |
| | | Severe roughness on touch | 3 |
| | <i>Twak</i> <i>Vaivarnya</i> (Discoloratio n of skin) | Absent | 0 |
| | | Mild brownish discoloration | 1 |
| 5 | | Moderate brownish discoloration | 2 |
| | | Severe blackish discoloration | 3 |

(where +++=3, ++=2, +=1, -=0)

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| Table 2: Samprapa gnalak (Etiopathogenesis) | | | |
|---|--|--|--|
| Vata Pradhan tridosha | | | |
| Rasa, Rakta, Mamsa, Lasika | | | |
| Rasavaha, Raktavaha, Mamsavaha | | | |
| Sanga, Vimargaman | | | |
| Twaka | | | |
| Amashaya | | | |
| Ubhaya hasta & manya pradeshi twaka | | | |
| | | | |

Table 2. Sampranti ahatak (Etiopathogenesis)

Treatment Plan

- Shodhana- Virechana, Basti
- Shaman Chikitsa like Vata Shaman aushadi, Rakta Prasadak aushadi along with Bahirparimarjan Chikitsa.

| Table 3: Shaman | Aushadhi | and | Bahiparimarjan |
|-----------------|----------|-----|----------------|
| | chikits | a | |

| Chikitsa | | | | |
|--------------------------------|----------------|-------------------|---------------------------|-------------------------|
| Medicine | Dose | Anupan | Route | Duration |
| Aampachak Vati | 250 mg | Lukewarm water | Oral | 2 tab twice daily |
| Gandhak Rasayan | 250 mg | Lukewarm water | Oral | 2 tab twice daily |
| Raktashodhak Vati | 250 mg | Lukewarm water | Oral | 2 tab twice daily |
| Maha Manjisthadi Kashaya | 40 ml | Lukewarm water | Oral | 40 ml twice daily |
| Panchatitkta Ghrita | 10 ml | Lukewarm water | Oral | 10 ml twice daily |
| Gandhakadi Malhar | As required | - | Local applica- tion | Twice a day |

Contents of RaktaShodhak Vati

It is the combination of drugs of *Kandughna Mahakashaya* and *Kushthaghna Mahakashya* explained in *Charak Samhita* in *Shadvirechanshatashritiya Adhyaya*. The ingredients are illustrated in table 4 (11).

| Table 4: Conte | ents of RaktaShodhak Vati |
|----------------|---------------------------|
| Sanskrit Name | Latin Name |

| Sr.No. | Sanskrit Name | Latin Name |
|--------|---------------|----------------------------|
| 1 | Nimba | Azadirachta indica A. Juss |
| 2 | Amlaki | Emblica officinalis Gaertn |
| 3 | Haritaki | Terminalia chebula Retz. |
| 4 | Bibhitak | Terminalia bellerica Roxb. |
| 5 | Daruharidra | Berberis aristate Dc. |
| 6 | Manjishtha | Rubia cordifolia Linn. |
| 7 | Sariva | Hemedismus indicus R. Br. |
| 8 | Yashtimadhu | Glycyrrhiza glabra Linn. |

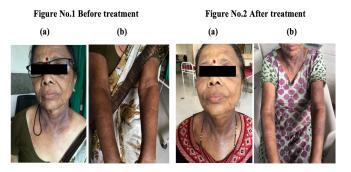
| | Table 5: She | odhan chikits | a | |
|--|---|--|---------------|--------------------------|
| Procedure | Medicine | Dose | Dura- tion | Route |
| Snehapana | Goghrita + Panchatikta Ghrita (1:1) | Starting from 40 ml in the increasing order up to 160 ml. | 4 days | Oral |
| Sarvanga abhyanga and Swedana | Nimba taila Bashpa sweda | As per requirement | 13 days | Local applic ation |
| Virechan | Abhayadi modak-2, Icchabhedi rasa-1, Triphala kwatha - 50 ml, Castor oil - 20 ml | - | 1 day | Oral |
| Basti | Raktashodha k Kashaya Ksheerabasti (Sariva, Manjishtha, Nimba, Khadira, Triphala, haridra, Karanja each 3gms, milk 250ml, water 250ml) | 250 ml | 10 days | Anal |

Observations and Results

The Results observed after the treatment: By the end of 20th day moderate relief was seen in *Ubhay Hasta* and *Manya pradeshi Rukshata* (dryness), *Kharata* (roughness), *Kandu* (itching), *Daha* (burning sensation) & *Twaka vaivarnya* (discoloration) which are shown in Table No.6 below.

Table 6: Showing overall result of treatment

| Symptoms | Before treatment | After treatment |
|-----------------|------------------|-----------------|
| Kandu | +++ | + |
| Rukshata | ++ | - |
| Daha | +++ | - |
| Kharata | +++ | - |
| Twaka vaivarnya | +++ | ++ |





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Discussion

In the present study Shodhana (purification), Shaman (pacification) and Bahirparimarjan Chikitsa (liniments) were advised to the patient. First as Deepan – Pachana (increasing digestive fire), Amapachak Vati was given, which contributes to Agnivardhan and Amapachan. After that, Snehapan was given with the Panchatikta Ghrita for 7 days for Abhyantar Snehan and Vatashamana. Nimba tail was used for the purpose of Bahyasnehan, which reduced the dryness, provided the moisturization, improved the blood circulation. Sarwanga Swedan was followed after Snehan, it does the Doshavilayana (liquefies the doshas) and brings them from Shakhas to Koshta to eliminate them. It also removes the Strotorodha (obstruction in the strotas).

Mode of action of Oral medications

- Amapachak causes Amapachan (digest toxins) and Agnideepan (improves metabolism).
- *Raktashodhak Vati* acts as *Varnya* (improves complexion) and *Raktashodhan* (blood purification) (11).
- Gandhak Rasayan acts as Kandughna (anti-itch), Dahaprasaman (reduces burning sensation), Raktashodhan (purifies blood), Krimighna (antimicrobial) (12).
- Mahamanjisthadi Kashya has properties like Varnya (improves complexion), Kapha Pittashamak, Shothahara (Oedema reducing), Kushtaghna (Curing skin diseases), Vranropak (Wound healer) (13).
- Panchtikta Ghrita has properties like Deepan (improves metabolism), Pachana (digest toxins), Strotoshodhaka (removes obstruction of bodily channels), Raktashodhaka (blood purification), Kushtaghna (cure skin disease), Kandughna (antiitch) and Varnya (improves complexion) (14).
- Gandhakadi Malhar is Kusthaghna (cure skin disease), Kandughna (anti-itch) and Varnya (improves complexion) (15).

Mode of action of Panchakarma therapy

- *Nimba taila* used for *Bahya Snehana* has *Vata-pitta Shamak* activity, along with other properties like *Krumighna* (antimicrobial), *Shothahara* (anti-inflammatory) and *Ropana* (wound healing) (16).
- *Swedana*: Hot fomentation at the local site of pain with *Dashamoola* decoction does downward movement of *Vata*, reduces stiffness and heaviness from the body (17).
- Virechan: Virechan drugs like Abhayadi Modak, Icchabhedi Rasa, Triphala, and Eranda taila are having Ushna, Tikshna, Sukshma, Vyavayi, Vikasi properties, and Adhobhagahara prabhav.
- Basti: Basti is directly contraindicated by Acharyas because it is said to aggravate Kushtha roga but it is indicated in some conditions like in excess of Vayu, Avarabala vyadhi and Vruddha by using Yukti pramana. Basti is said as best line of treatment for Vata predominant diseases. Also, patient visited us in Varsha ritu which is Vata dosha pradhan kala with signs & symptoms of aggravated Vata (Rukshta, Kharta, krushnavarni twkavaivarnya) hence Basti

Chikista was planned. *Ksheera basti* is categorized under *Niruha Basti* though it serves as both *Mridu Shodhan* and *Brimhana* action. Ksheera possesses the property of *Madhura, Sheeta, Snigdha* and *Pushtikar*. Due to its *Mridu, Snigdha, Slakshna* and *Picchila* guna it counters *Rukshtawa*. Also, as it is *mridu rechaka* it pacifies vitiated pitta dosha. As there were associated symptoms of *Pitta* and *Rakta dushti; Rakta* prasadak dravyas like Sariva, Manjistha, Nimba, *Khadir, Triphala, Haridra, Karanja* are used for Basti dravya preparation.

Conclusion

All Kushtha are difficult to treat. In modern medicine, mostly steroids are used which give only symptomatic and temporary relief, in contemporary view of Kapala Kushtha. Long period of treatment in the form of suppressive and symptomatic are necessary in both therapies. While Avurveda herbs along with Panchkarma therapy shows highly encouraging results in Vataja Kushtha. We have specially focused on action of Raktashodhak Ksheer Basti in this condition. All these drugs perform the therapeutic pharmacological action based on innate qualities i.e., Rasa (Taste), Guna (Properties), Veerya (Potency), Vipaka (Final transformation) and *Prabhava* (Specific potency) altogether and follow the Samprapti Vighatana Chikitsa Siddhanta (Breaking of etiopathogenesis as a principle of treatment). This was a single case study which proves effect of Ayurveda treatment on Kapala Kushtha (Scleroderma).

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