ejpmr, 2017,4(01), 557-560 EUROPEAN JOURNAL OF PHARMACEUTICAL

AND MEDICAL RESEARCH www.ejpmr.com

Review Article ISSN 2394-3211

EJPMR

AYURVEDIC INTERPRETATION OF SLE (SYSTEMIC LUPUS ERYTHEMATOUS)

Dr. Ujwala V. Pawar*

Professor (Department of Rognidan Avum Vikritivigyana) Govt. Ayurvedic college, Nanded, Maharashtra, India.

*Corresponding Author: Dr. Ujwala V. Pawar

Professor (Department of Rognidan Avum Vikritivigyana) Govt. Ayurvedic college, Nanded, Maharashtra, India.

Article Received on 19/11/2016

Article Revised on 10/12/2016

Article Accepted on 31/12/2016

ABSTRACT

SLE is the classical example of systemic autoimmune disease. It most often harms the heart, joints, skin, lungs and blood vessels, kidneys and nervous system. In this autoimmune disease, the immune system attacks the body's cells and tissue, resulting in inflammation and tissue damage. According to Ayurveda, as Acharya says, paka means inflammation and kotha means tissue damage, is not possible without involvement of pitta dosha. Rheumatoid arthritis and systemic lupus erythematous both are autoimmune diseases in which immune system gets hampered. The symptoms of vata kapha anubandhi amavata in Ayurveda closely resembles with rheumatoid arthritis and symptoms of pitta anubandhi amavata can be correlated with SLE as there is a great involvement of pitta dosha and rakta dhatu in SLE. And pitta dosha lies within Rakta dhatu in body, i.e. Ashrayashrayi sambandha.

KEYWORDS: Systemic lupus erythematosus, Rheumatoid arthritis, amavata,

INTRODUCTION

An immune disorder is a dysfunction of immune system. This include hypersensitivity reaction, immuno deficiency disorders and autoimmune disorders. In this article, two autoimmune diseases are discussed viz. Systemic Lupus Erythematosus and Rheumatoid Arthritis. SLE is an inflammatory disease caused when the immune system attacks its own tissues. Rheumatoid arthritis is a chronic inflammatory disorder affecting multiple joints. Both SLE and rheumatoid arthritis are having immunological origin and autoimmune in nature. The disease Rheumatoid arthritis can be correlated with Amavata disease explained in Ayurveda. It is seen that symptoms of SLE closely resembles with pittanubandhi Amavata. This article is based on the study of sign and symptoms of SLE, RA and pittanubandhi amavata.

Interpretation of SLE with pittanubandhi Amavata.

Objectives

- 1. To study the sign and symptoms of SLE.
- 2. To study the sign and symptoms of Rheumatoid arthritis with reference to pittanubandhi Amavata.
- To study the common sign and symptoms of both SLE and pittanubandhi Amavata.

MATERIAL AND METHODS

This review article is based on various references of SLE, rheumatoid arthritis. And classical references of Amayata disease are collected.

Autoimmune Disease

An autoimmune disease is a condition arising from an abnormal immune response to normal body part. If a person become immune to his/her own tissues the process of acquired immunity would destroy the individual's own body. The immune mechanism normally recognizes a person's own tissues as being distinctive from bacteria or viruses and the person's immunity system forms few antibodies or activated T cells against his/her own antigens. [1] Several specific diseases that result from autoimmunity include rheumatoid arthritis, systemic lupus erythematous.

Systemic Lupus Erythmatous

In SLE, the person become immunized against many different body tissues at the same time. SLE is a disease of unknown etiology in which tissues and cells undergo damage mediated by tissue binding autoantibodies and immune complexes. T and B cells hyperactivity, production of autoantibodies with specificity for nuclear antigenic determinants & abnormalities of T cells function occurs.[2]

Pathophysiology of SLE T cell activation Increased B cells Reactivity Mounting of antibodies directed to 1). Nuclear Membrane 2).DNA 3).RNA

- 4).Cytoplasm
- 5).Surface antigen
- 6).Blood vessels

Rheumatoid Arthritis

Rheumatoid arthritis is chronic multi systemic disease of unknown etiology characterised by persistant inflammatory synovitis usually involving peripheral joints symmetrically. Both genetic and environmental factors may play a role in initiating disease. The propogation of RA is an immunologically mediated event in which joint injury occurs from synovial hyperplasia, lymphocytic infiltration of synovium and local production of cytokines and chemokines by activated lymphocytes, macrophages and fibroblasts.^[3]

Amvata

Amavata is one of disease of vata which has badly captured the large number of population.it is due to the change in lifestyle. Amavata is the disease mentioned in Laghutrayi. [4] In this disease, two important entities are there, one is Ama and other is Vata. Ama is undigested food material which reflects after certain time and also spread in the body, while *vata* is chief among *tridosha*. It is the one who controls the body movements and help in moving other dosha, dhatu and mala. Other dosha, dhatu can not move from one place to another without vata dosha. [5] So, there are two important entities in Amavata, one is toxic and other is movement. These two comes together and attack on joints. Swelling, severe pain, restricted movement, fever are the main features of Amavata. According to dosha predominance, there are three types of amavata^[6]

- 1) *Pittanubandhi* (where *pitta* is predominant)-causes burning sensation and redness of the affected joints)
- 2) *Vatanubandhi* (where *vata* is predominant)-causes severe pain in joints.
- 3) *Kaphanubandhi* (where *kapha* is predominanat)-causes stiffness (*stambha*) in joint and body,itching is also seen in this type.

Following are the clinical features of amavata-[7]

Samanya lakshana of amavata

- 1. Daurbalya (general weakness)
- 2. Gauravam hrdayasya (heaviness in precordial region)
- 3. *Trik sandhi pravekshakau stabdhama*(Stiffness in multiple joint)
- 4. Angamarda (bodyache)
- 5. Aruchi (anorexia)
- 6. *Trishna* (thirst)
- 7. Alasya (lethargy)
- 8. Gauravam (heaviness)
- 9. *Jwara* (fever)
- 10. Apaka (indigestion)
- 11. Shunta anganam (swelling)

Specific or Pravridha lakshan of amavata.[8]

- 1. Hasta padshiro gulpha trik janu uru sandhi sa rujam shotham (pain and swelling in hand, feet, ankle, knee, hip and spinal joints)
- 2. Vyavidha iva vrischika (pain is like scorpion sting)
- 3. Agnidaurbalya (hinderd digestive mechanism)
- 4. *Praseka* (excessive salivation)
- 5. *Aruchi* (anorexia)
- 6. *Gauravam* (heaviness)
- 7. *Utsahahani* (lack of enthusiasm)
- 8. Vairasya (altered taste in the mouth)
- 9. Daham (burning sensation)
- 10. Bahumutratam (excessive urination)
- 11. *Kukshau* kathinatam shulam (hardness and pain in abdomen)
- 12. Nidraviparyaya (disturbed sleep)]
- 13. Trit (thirst)
- 14. Chardi (vomiting)
- 15. Bhrama (fainting)
- 16. Murccha (unconsciousness)
- 17. Hrid graha (stiffness in pericardium)
- 18. Vidvibaddhatam (constipation)
- 19. Jadya (stiffness)
- 20. Antrakujana (intestinal gargling)
- 21. Anaha (distension of abdomen)

Common Symptoms of SLE

Fever, fatigue, myalagia, arthralgia, arthritis, malar rash, oral ulcers.

Specific symptom of SLE^[9]

• Dermatologic

Malar or butterfly rash is known manifestation of acute cutaneous lupus. The oral or nasal ulcers of SLE are also seen.

• Musculoskeletol

Most common initial manifestation of SLE is arthalgia or arthritis. Arthralgia expressed by the patient as pain and stiffness. Arthritis is SLE tends to have fever erosion and fixed deformities compared with RA. Periarticular inflammation is more common in lupus. These patient often complaints myalgia.

Pulmonary

Serositis can affect both the cardiac and pulmonary system, acute pneumonitis, fibrotic pneumonitis, alveolar haemorrhage are present.

• Cardia

Cardiac involvement occur in 20% to 30% of patient with SLE.

Vascular

SLE patient can also develop inflammatory vascular disease in the form of vasculitis.

Renal

Lupus nephritis is a common.

Gastrointestinal

About ½ of patient with SLE have oral ulcers that are usually painfull and tend to be locate on the hard palate on the buccal mucosa.

Neurologic

Neuropathies can be peripheral, autonomic ,or cervical, wrist drop and foot drop occasionally result from peripheral nerve vasculitis.

DISCUSSION

Immuological diseases are of three types A) Hypersensitive disease B) Immunodeficiency disease C) Autoimmune disease.

Rheumatoid arthritis, SLE, alopecia ariata, scleroderma, ankylosing spondylitis are the examples of autoimmune disease.

SLE is an autoimmune disease having immunological origin. In this, principle injury is to skin, joints, kidneys, serous membrane like pleura and pericardium. It is more common in women and it is of unknown etiology.

Rheumatoid arthritis is also an autoimmune disease having systemic manifestations. The disease Amavata mentioned in Ayurveda closely resembles with RA, hence can be correlated with RA.

Similarity of SLE with RA

Serial No.	SLE	RA
1	Multisystem Disease	Multisystem Disease
2	Unclear Etiology and Pathogenesis	Unclear Etiology and Pathogenesis
3	Involves Immunological Mechanism	Involves Immunological Mechanism
4	Self Antigen - Multiple(DNA, Nuclear protein)	Self Antigen - Connective tissue
	Respone-Autoimmunity,Immune complexes.	Response-Immune complexes.
5	More common in Females	More common in Females

Now, among the all the symptoms of *amavata*, the following symptoms are of *Pitta Dosha* Predominance.

- 1. Trishna
- 2. Jwara
- 3. Vrichhikdanshavat Vedana
- 4. Daha
- 5. Nidranasha
- 6. Bhrama
- 7. Murchha
- 8. Raga

Pittanubandhi amavata mainly associated with symptoms like burning and redness over the body and joints. Rheumatoid arthritis is not only a joint disease but also having systemic involvement and autoimmune

pathology. SLE is an autoimmune disease having maximum symptoms representing *pitta dosha* as well as *rakta dhatu*.

Role of pitta

Daha, raga, ushma, paka, sweda, kleda, kotha, sadana, murcha are the karma of pitta dosha. ¹⁰ When pitta gets vitiated, this hyperfunctioning activity is performed by it. Paka, kotha, shula with paka is not possible without involvement of pitta. Pitta in digestive system creates symptoms like irritable bowel syndrome in patients of SLE, ranjaka pitta causes diseases like vasculitis, sadhaka pitta is responsible for cardiac problems like pericarditis etc. bhrajaka pitta causes butterfly rash on face.

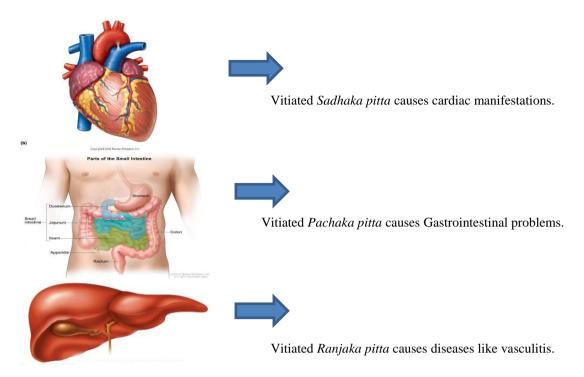




Vitiated aalochaka pitta causes visual problems.



Vitiated Bhrajaka pitta causes malar rash.



Pitta dosha plays major role in samprapti of SLE as well as Amavata, Fever, malar rash on face, oral ulcers, arthritis and arthralgia are the common symptoms of SLE. If we see these symptoms according to Ayurvedic view, It is seen that fever or any type of rash is having pitta dosha predominance. oral ulcers (Mukhapaka) are because of rakta dushti and pitta prakopa. Arthritis is the inflammation of joints. Inflammation indicates paka and shula. And paka is feature pitta dosha. [11] By the similarity of symptoms in SLE and pittanubandhi amavata, it can be concluded that the disease SLE closely resembles with pittanubandhi amavata.

CONCLUSION

Symptoms of SLE closely resembles with *pittanubandhi* amavata. Paka can not be formed without inflammation of pitta dosha. Pittanubandhi amavata is mainly associated with symptoms like burning and redness over body and joints. SLE is also an autoimmune disease having maximum symptoms representing pitta dosha as well as rakta dhatu. These symptoms can be subsided by pitta dosha chikitsa like virechana, raktamokshana. Hence, because of pitta pradhantwa in SLE as a systemic disease, it can be correlated with pitta anubandhi Amavata as both are systemic autoimmune diseases having involvement of mainly pitta dosha.

REFERENCES

- 1. Textbook of medical physiology, 11th edition, by Arthur C. Guyton ,published by Elsevir.
- 2. Harrison's manual of medicine, edited by Dennis L. Kasper, published by M.C. MacGraw Hill, 844.
- 3. Harrison's manual of medicine, edited by Dennis L. Kasper, published by M.C. MacGraw Hill, 845.
- Madhavnidan ,hindi commentary by Yadunandan Upadhyay,

- 5. Sharagdhar samhita, hindi commentary by Bramhanand Tripathi
- Madhavnidan ,hindi commentary by Yadunandan Upadhyay, amavata nidan, chaukhamba prakashan, poorvardha, 509-510.
- Madhavnidan, hindi commentary by Yadunandan Upadhyay, amavata nidan, chaukhamba prakashan, poorvardha, 509-510.
- 8. Madhavnidan, hindi commentary by Yadunandan Upadhyay, amavata nidan, chaukhamba prakashan, poorvardha, 509-510.
- 9. API textbook of medicine, editor in chief, Y.P. Munjal, 10th edition, published by the Association of Physicians of India, 2.
- 10. Ashtang Hridaya, sutrasthan 12/51-52, Chaukhamba prakashan.
- 11. Shushrut samhita, hindi commentary by Ambika dutt shashtri, sutrasthan, 17/12: 94, chaukhamba prakashan.