

# **INTERNATIONAL JOURNAL OF AYURVEDA360**



**AYURVEDA  
360**

**PEER-REVIEWED  
BIMONTHLY JOURNAL**



**[www.ayurveda360.in/journal](http://www.ayurveda360.in/journal)**

**ISSN**

**PRINT:**

**3048-7382**

**ONLINE:**

**3048-7390**

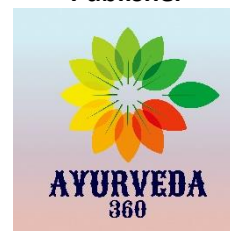
**2025**

**VOLUME 1**

**ISSUE 6**

**MAY-**

**JUNE**

DOI: [10.63247/3048-7390.vol.1.issue6.6](https://doi.org/10.63247/3048-7390.vol.1.issue6.6)**Ayurvedic Management of Systemic Lupus Erythematosus with Respect to  
*Vatapradhana Vatarakta*: A Case Report**Singh R<sup>1</sup>, Khagram R<sup>2</sup>

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**ABSTRACT**


**Introduction:** Systemic Lupus Erythematosus (SLE) is a multisystem autoimmune disorder affecting connective tissues, where the immune system attacks healthy body tissues like skin, joints, kidneys, and other organs. Symptoms include fever, fatigue, myalgia, arthralgia, arthritis, malar rash, and oral ulcers. SLE can be correlated with *Vatarakta* in Ayurveda, presenting symptoms such as pain, swelling, and stiffness at multiple joints with blackish discoloration.

**Objective:** To explore the Ayurvedic management of Systemic Lupus Erythematosus (SLE) with reference to *Vatapradhan Vatarakta*.


**Materials and Methods:** As vitiated *Vata* is involved in the pathology of *Vatarakta*, *Basti* (an Ayurvedic enema therapy) is considered the most effective treatment for relieving this condition. *Mridu Virechana* (mild purgation) was selected before *Basti* to detoxify the body, considering the patient's history of steroid use.

**Results and Discussion:** Both *Vata* and *Rakta* were vitiated, which contributed to the symptoms. The management plan focused on addressing both *Vata* and *Rakta Dushti* (imbalance). The detoxifying effects of *Virechana* were aimed at reducing the harmful impact of steroids, followed by *Basti* to balance *Vata*.

**Conclusion:** This case report highlights the potential of Ayurveda in managing autoimmune disorders like SLE by targeting the vitiation of *Vata* and *Rakta* through specific treatments like

CORRESPONDING AUTHOR	HOW TO CITE THIS ARTICLE?	TO BROWSE
Dr. Rashmi Singh, PG Scholar, Dept. of Pancakarma, ITRA, Jamnagar. Email: <a href="mailto:singhrashmi250841@gmail.com">singhrashmi250841@gmail.com</a>	<b>Singh, R., &amp; Khagram, R. (2025).</b> Ayurvedic management of systemic lupus erythematosus with respect to Vatapradhana Vatarakta: A case report. <i>International Journal of Ayurveda360</i> , 1(6), 475-483, <a href="https://doi.org/10.63247/3048-7390.vol.1.issue6.6">https://doi.org/10.63247/3048-7390.vol.1.issue6.6</a>	

Manuscript Received	Review Round 1	Review Round 2	Review Round 3	Final Updated Received
11/04/2025	25/04/2025	28/04/2025	18/05/2025	11/06/2025
Accepted	Conflict of Interest	Funding	Ethical Approval	Plagiarism Checker
12/06/2025	NIL	NIL	Consent Received	9%

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## Introduction

Systemic Lupus Erythematosus (SLE) is a chronic, autoimmune, multisystem connective tissue disorder with a wide spectrum of clinical manifestations. It predominantly affects women of reproductive age and presents with symptoms such as fever, fatigue, myalgia, arthralgia, arthritis, malar rash, oral ulcers, and systemic involvement including renal and neurological complications. In India, its prevalence ranges from 14 to 60 per 100,000 population [1].

From the *Ayurvedic* perspective, the clinical features of SLE can be correlated with *Vatapradhana Vatarakta*, a disease resulting from the simultaneous vitiation of *Vata* and *Rakta* [2]. The aggravated *Vata*, obstructed by morbid *Rakta*, disturbs the balance of the body and gives rise to various symptoms. *Vatarakta* is known by several synonyms such as *Khuda*, *Vatabalasa*, and *Adhyavata*[3]. The term *Adhyavata* reflects the disease's tendency to affect individuals with a delicate constitution (*Sukumara Purusha*) and those indulging in unwholesome dietetic habits and sedentary lifestyles—factors often seen in affluent populations[4].

This case report presents the *Ayurvedic* approach to managing a confirmed case of SLE, highlighting the

diagnostic correlation with *Vatapradhana Vatarakta* and the effectiveness of Panchakarma and Ayurvedic medication.

## Patient Information

A 32-year-old female patient presented to the Panchakarma OPD at ITRA, Jamnagar, with complaints of:

- Pain, swelling, and stiffness in bilateral hands, feet, knees, and elbows for the past 3 years
- Blackish discoloration over affected joints
- Intermittent episodes of fever for the past 3 years
- Anxiety symptoms for the past 4 years

She had a known history of Hypertension (2 years) and had tested ANA positive in 2022. Her allopathic treatment included Hydroxychloroquine (HCQ) and Prednisolone for SLE, and Telmisartan 20 mg daily for hypertension. The patient was admitted to the female ward of the Panchakarma Department at ITRA, Jamnagar for Ayurvedic management. Informed consent was obtained before initiating examination and therapy.

## Clinical Findings

**Table No. 1 : General Examination**

Parameter	Value
Pulse Rate	67/min
Heart Rate	70 beats/min
Respiratory Rate	16 breaths/min

Blood Pressure	130/80 mmHg
Body Temperature	99.6 °F

**Table No. 2 : Pain Assessment (VAS Score)**

Joint	VAS Score (0–10)
Bilateral Elbow	9
Bilateral Hands	9
Bilateral Feet	10
Bilateral Knees	10

**Table No. 3 : Stiffness Assessment**

Stiffness Grade	Description	Score (BT)
0	No stiffness	0
1	Mild (can perform daily activities)	0
2	Moderate (difficulty performing daily routine)	0
3	Severe (unable to perform daily activities)	3

**Table No. 4 : Swelling Assessment (Measured in Inches)**

Joint	Right (inches)	Left (inches)
Elbow	8.5	8.5
Hands	8.3	8.3
Feet	11.3	11.5
Knees	16.9	16.5

**Timeline of Clinical Events****Table No. 5 : Clinical Chronology**

Sr. No.	Clinical Events / Complaints	Duration / Onset
1	Pain, swelling, stiffness in bilateral hands and feet with discoloration	3 years
2	Pain, swelling, stiffness in bilateral knees and elbows with discoloration	3 years
3	Intermittent fever	3 years
4	Anxiety symptoms	4 years
5	Diagnosis of Hypertension	2 years
6	ANA Positive	2022

**Diagnostic Assessment**

Based on the patient's clinical presentation—including symmetrical joint pain with edema, blackish discoloration, intermittent fever, positive ANA report, and history of autoimmune involvement—the condition was diagnosed as Systemic Lupus Erythematosus (SLE). In *Ayurveda*, the clinical features were assessed in terms of *Vatapradhana Vatarakta*, characterized by aggravated *Vata* obstructed by vitiated *Rakta*, resulting in musculoskeletal and systemic disturbances.

**Image 1 : Investigation Report**

Specimen :		Coll.	SPL TEST	
SERUM SPL		28/03/2022 19:02: Lab Collection		
Test Parameter	Result(s)	Biological Reference Interval (Adult)		
<b>ANA Subset Testing</b>				
<b>ANA - IFA</b>				
ANA by IFA (Dilution 1:100)	Detected +3	Not detected		
Pattern	Speckled granulated			
<b>ANA Subset by Immunoblot</b>				
n RNP / Sm (U1-nRNP)	+++	Not detected		
Sm	Not detected	Not detected		
SS - A	Not detected	Not detected		
RO - 52	Not detected	Not detected		
SS - B	(+)	Not detected		
Scl - 70	Not detected	Not detected		
PM - Scl	Not detected	Not detected		
Jo - 1	Not detected	Not detected		
CENP B	Not detected	Not detected		
PCNA	Not detected	Not detected		
ds DNA	Not detected	Not detected		
Nucleosomes	(+)	Not detected		
Histones	Not detected	Not detected		
Rib P - Protein	Not detected	Not detected		
AMA - M2	Not detected	Not detected		
DFS70	Not Detected	Not Detected		
Interpretation	.			
<b>Presence of U1-nRNP.</b> <b>S/o MCTD.</b> <b>Needs clinical correlation.</b> <b>May do specific ELISA if required.</b>				

Since 1979... Test reports should be clinically correlated, lab. may be contacted whenever required. \* Subject to Vadodara Jurisdiction.

Collection Centres	* Race Course Ph: 2341442	* Karelibaug Ph: 2495193	* Waghodia Road Ph: 2522555
	* Raopura Ph: 2437861	* Nizampura Ph: 2780342	* Dabholi Ph: 6351979438
	* Goma Ph: 2282245	* Makarpura Ph: 2638224	* Rajpipla Ph: (02640) 224442
	* Gohi-Bhayli Ring Road Mob: 7211198895		

Toprani Advanced Lab Systems Dr. Harsukh Toprani M.D. (Path & B)

**Therapeutic Intervention**

Considering the chronicity of symptoms and the patient's intolerance to strong *Shodhana* (purificatory) therapies, a *Mridu Shodhana* (mild purification) approach was adopted. A classical *Virechana Karma* followed by *Ksheera Basti*, as mentioned in the *Siddhi Sthana* of *Charaka Samhita*, was implemented.

**Table 6: Virechana Karma Protocol**

Sr. No.	Modality	Drug	Dose	Anupana	Time of Administration	Duration
1	Deepana–Pachana	Aampachaka Vati	2 tablets	Lukewarm water	Twice daily before meals	5 days
2	Snehapana (Internal oleation)	Go-Ghrita	Started with 30 ml up to 220	As needed with lukewarm	Morning (7:00–7:30 AM)	5 days



			ml	water		
3	<i>Sarvanga Abhyanga</i> (massage)	<i>Bala Taila</i>	Q.S.	—	—	4 days
4	<i>Sarvanga Bashpa Swedana</i>	—	—	—	—	4 days
5	<i>Virechana Karma</i> (purgation)	<i>Aragvadhadi Avaleha</i>	100 gm	Lukewarm water	After <i>Shleshma Kala</i> (~10:30 AM)	1 day
6	<i>Samsarjana Krama</i> (dietary regimen)	—	As per <i>Madhyama Shuddhi</i>	—	Upon onset of hunger post <i>Virechana</i>	5 days

### ***Ksheera Basti Protocol***

*Ksheera Basti* is considered a *Mridu Niruha Basti*, suitable for patients where *Vamana* and other *Shodhana* therapies are contraindicated. It provides both nutritional and therapeutic benefits and is particularly beneficial in *Vata-Rakta* conditions.

**Table 7 : *Ksheera Basti* Ingredients**

Sr. No.	Modality	Drug/Formulation	Dose/Quantity	Duration
1	<i>Sthanik Abhyanga</i>	<i>Sahachara Taila</i>	Q.S.	8 days
2	<i>Sthanik Nadi Swedana</i>	<i>Dashamoola Kwatha</i>	—	8 days
3	<i>Ksheera Basti Mixture</i>	Honey: 80 g <i>Saindhava</i> : 12 g <i>Guduchi Ghrita</i> : 80 g <i>Guduchi Kalka</i> : 25 g <i>Punarnavashtaka Kwatha</i> & <i>Dashamoola Kwatha Siddha</i> <i>Ksheerapaka</i> : 450 ml	As above composition	8 days

### **Follow-Up and Outcomes**

The patient remained hospitalized for 28 days during which *Virechana* and *Ksheera Basti* therapies were completed. Notable clinical improvements were observed, particularly in joint pain, stiffness, and swelling, with increased functional mobility. All clinical examinations were repeated post-treatment, showing moderate to marked symptomatic relief.

At discharge, the patient was counselled regarding the chronic and relapsing nature of the disease and was advised to:

- Maintain regular follow-up (every 1 month)
- Avoid dietary and lifestyle factors aggravating *Vata* and *Rakta*
- Follow *Dinacharya* and *Ritucharya* tailored to her constitution

**Table 9. Pain Assessment (VAS Score)**

Site of Pain	Before Virechana	After Virechana	After Ksheera Basti	After Follow-up	Site of Pain
Bilateral Elbows	9	5	3	0	Bilateral Elbows
Bilateral Hands	9	6	2	0	Bilateral Hands
Bilateral Feet	10	7	4	1	Bilateral Feet
Bilateral Knees	10	7	3	1	Bilateral Knees

**Table 10. Assessment of Joint Stiffness (Grading System)**

Stiffness Grade	Description	Before Virechana	After Virechana	After Ksheera Basti	After Follow-up
0	No stiffness	0	—	—	—
1	Mild (able to perform daily routine without difficulty)	0	—	1	1
2	Moderate (difficulty performing daily activities)	0	2	—	—

**Table 11. Assessment of Swelling (Measured in Inches)**

Joint Area	Side	Before Virechana	After Virechana	After Ksheera Basti
Elbow Joints	R	8.5	8.1	8.0
	L	8.5	8.2	8.0
Hands	R	8.3	8.0	7.5
	L	8.3	7.9	7.4
Feet	R	11.3	10.1	9.5
	L	11.5	10.4	9.4
Knee Joints	R	16.9	16.1	15.0
	L	16.5	15.6	14.9

## Discussion

The clinical manifestation of Systemic Lupus Erythematosus (SLE) in this case—including pain, stiffness, joint swelling, intermittent fever, and blackish discoloration—can be appropriately correlated with *Vatapradhana Vatarakta* in *Ayurvedic* classics. Symptoms such as *Dhamani Anguli Sandhinam Sankocha*, *Atiruk*, *Karshnya*, *Shyava Varna Shotha*,

*Kunchana*, and *Sthambhana* align with the observations in this case[5].

Given the *Vata-Rakta Dushti* and chronicity of symptoms, along with a background of long-term steroid use, a *Mridu Shodhana* [6] approach was warranted. *Virechana Karma* using *Aragvadhadi Avaleha*[7] was selected as it is *Snigdha* and suitable for *Sukumara*



*Purusha* and *Vata*-predominant disorders.

*Charaka* has described *Ksheera Basti* (milk-based enema) as the prime line of treatment in *Vatarakta*. The chosen decoctions—*Dashamoola* and *Punarnavashtaka* — possess anti-inflammatory (*Shothahara*) and analgesic (*Shulahara*) properties. They are also effective in *Raktaprasadana* and *Twakdosha*.

- *Guduchi*, known as the *Agryadravya* in *Vatarakta*[8], was used both in *Ghrita*[9] and *Kalka* forms. It has *Tikta Rasa*, *Rasayana* action[10], and helps pacify *Tridoshas*.
- *Madhu* and *Saindhava*, due to their *Yogavahi* nature, enhance absorption and bioavailability of the *Basti Dravyas*.
- The combined effect of *Basti Karma* significantly reduced symptoms by clearing vitiated *Vata* and nourishing affected tissues.

This integrative approach proved effective in managing autoimmune inflammation by providing subjective relief, improving joint function, and enhancing quality of life.

### Patient Perspective

The patient expressed satisfaction and gratitude with the outcome of the treatment. She was particularly relieved

by the rapid reduction in symptoms and regained her ability to perform daily tasks. She acknowledged the seriousness of the illness only after understanding its autoimmune nature post-discharge and appreciated the effectiveness of Ayurveda in managing her chronic condition.

**Image No. 2 : Before Treatment**



**Image No. 3: After Treatment**



### Conclusion

SLE, an autoimmune multisystemic disorder, can be effectively correlated with *Vatapradhana Vatarakta* in *Ayurveda*. The integrative *Ayurvedic* protocol involving *Mridu Virechana* with

*Aragvadhadi* *Avaleha* followed by *Ksheera Basti* prepared with *Dashamoola*, *Punarnavashtaka*, and *Guduchi* formulations resulted in significant symptomatic relief.

Though there was no remarkable change in laboratory parameters, subjective clinical improvement was

substantial, underlining the efficacy of *Ayurvedic* interventions in chronic autoimmune conditions.

### Informed Consent

Written informed consent was obtained from the patient for publication of this case report and accompanying data.

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