Ayurvedic Management of Dermatomyositis: A Case Study

Jyoti Jangid1, Kirti Rahul1, Ravi Sharma2

1P.G. Scholar, 2Prof. & H.O.D,
P.G. Dept. of Kayachikitsa, Madan Mohan Malviya Govt. Ayurveda College, Udaipur, Rajasthan

Corresponding Author: Jyoti Jangid

ABSTRACT

Dermatomyositis is an inflammatory disease marked by muscle weakness and a distinctive skin rash. The rash can be itchy and painful, is often the first sign of dermatomyositis. The muscle weakness tends to gradually worsen. It is a type of myopathy. We find detail about myopathy but there is detail description of dermatomyositis not only in ayurvedic text but also in modern text but according to symptomatology we can describe it as “Maanspeshishosh.” In Ayurveda Panchkarma therapy like “Shashtikshali PindaSwedan” and Basti Chikitsa is very effective in this. As well as some medications which are Rasa Yogalike Kumar Kalyan Rasa, Vatagajankush Rasa and other VataShamak and Balya medicines etc look beneficial for this disease.

Keywords: Dermatomyositis, Myopathy, Maanspeshishosh, Shashtikshali PindaSwedan, Basti chikitsa.

INTRODUCTION

Dermatomyositis is one of the type of myopathy. Myopathy is a muscle disease unrelated to any disorder of innervations or neuromuscular junction. Dermatomyositis is a type of inflammatory myopathy which is a type of acquired myopathy. It is an uncommon inflammatory disease marked by muscle weakness and a distinctive skin rash. This can affect adults and children. In children appears between 5 to 15 yrs of age. In adults, occurs from the late 40s to early 60s. The actual cause is unknown but the disease has much common with autoimmune disorder in which your immune system mistakenly attacks your body tissues. Small blood vessels in muscular tissue are particularly affected in dermatomyositis. Most common symptoms are dusky red rashes most commonly on face, eyelids, knuckles, elbow knees, chest and back, and muscle weakness which affect both the rt. and lt. side of body. In Ayurveda there is no description of muscular dystrophy but on the basis of symptoms we can compare it with “Manspeshishosh” and planned the treatment according to it.

CASE PRESENTATION

An 8 yrs old Hindu girl patient residing Udaipur presented to the OPD of Kayachikitsa Govt. Ayurvedic hospital and research centre, Udaipur on 18/10/19 (OPD No. 11240) with complain of proximal muscle weakness, muscle stiffness, unable to sit, patient can’t bent her legs and left hand also, pain in whole body, red patches on face specially around eyes and nose, nodules on both shoulders and fingers also, muscle wasting with poor appetite. Before 4 years suddenly patient felt weakness in her body, she can’t stand up herself after sitting, muscle wasting also found. Patient went for some investigation like some blood tests, x-ray both knee joints, USG left shoulder joint etc. on the basis of all symptoms patient diagnosed dermatomyositis. She took treatment for 6 to 7 months and got relief also but during medication she developed stiffness in her feet, can’t bent her legs, stiffness in whole joints, boils on
interphalangeal joints. Then patient came here with all above symptoms. On physical examination vitals are normal. When patient visited allopathy hospital, she is suggested for some blood investigations, X-ray, USG etc.

Table no. 1 Showing examinations and findings.

<table>
<thead>
<tr>
<th>Examination</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>USG left shoulder joint</td>
<td>*Multiple foci of calcifications seen involving chest wall muscles predominantly involving serretta anterior muscle and biceps brachii. *Subcutaneous calcification seen at the tip of left shoulder. *Surrounding subcutaneous tissue edema seen.</td>
</tr>
<tr>
<td>X-ray bilateral knee joints AP&amp; LATERAL view</td>
<td>*Multiple foci of soft tissue calcification seen around lower end of bilateral femori. *Subcutaneous calcification focus at right popliteal region.</td>
</tr>
<tr>
<td>Chest PA view</td>
<td>Multiple soft tissue calcification foci seen involving bilateral chest wall and left upper arm predominantly around left shoulder joint superimposing left uppermiod zones. Subcutaneous calcification focus at the tip of the left shoulder. Due to calcification patient can’t move her leg and right hand.</td>
</tr>
</tbody>
</table>

TREATMENT AND MANAGEMENT

In Ayurveda there is no description of dermatomyositis but on the basis of symptoms we planned a line of treatment for the patient. When patient visited first time in the hospital, she is suggested to admit in hospital for 10 days and treated with some Panchakarma therapies and medication also, after 10 days patient show remarkable improvement. Follow up given in 10 – 10 days.

Table No. 2 Showing given treatment to the patient and follow up.

<table>
<thead>
<tr>
<th>Date</th>
<th>S.No.</th>
<th>Given treatment</th>
<th>Anapanata</th>
</tr>
</thead>
<tbody>
<tr>
<td>18/10/19</td>
<td>1</td>
<td>SuthrikshaliPindaSweda Matra Basti with Saindhvadi Tail VataGajankush Rasa 1BD Dashmalarishta – 10ml Arvindasava – 10ml BD</td>
<td>Lake warm water</td>
</tr>
<tr>
<td>30/10/19</td>
<td>2</td>
<td>Kumarkalyan rasa – 100mg Vatagajankush rasa – 125mg Punarnavamandoor – 250 mg Sitopladichurna – 2 gm BD Dashmalarishta - 10 ml Arvindasava – 10 ml BD</td>
<td>Madhu</td>
</tr>
<tr>
<td>13/11/19</td>
<td>3</td>
<td>Repeated same t/t</td>
<td>Water</td>
</tr>
</tbody>
</table>

This treatment continued for few months. In this preparation Kumar Kalyan Rasais best Rasayan as well as Yogvahi property. It is very effective in malnutrition and VataVikarain children. VataGajankush Rasais beneficial in Vataand KaphaDoshas. It is used in paralysis, arthritis, all cases of stiffness and cramps, ankle pain, promote strength of bones and joints. It acts as an excellent anti inflammatory and analgesic medicine.

Punarnava Mandoor works as anti-inflammatory, anti oxidant and digestive stimulant. It heals your skin and increase blood level.

Sitopaladi Churna is a beneficial in a variety of diseases relating to respiratory, digestive and immune system. It is antiinflammatory, immunomodulatory, antacid, appetizer and antioxidant. It is helpful in tuberculosis, rickets, debility, lack of physical strength and loss of appetite.

Dashmoolorishta is useful in Dhatukshaya, Aruchi, VataVyadhi, Agnimandhya and Kamala. It is used in Vata and KaphaDoshas. It is anti inflammatory, anti arthritic, digestive stimulant, mild natural analgesic, muscle relaxant, anti stress and anti depressant etc.

Arvindasava is mainly pacifies Vataand also works to balance Pitta and Kapha Doshas. It is used in children to improve digestion, body weight and strength. It has many nutritional ingredient by which it can be used in delayed milestone, rickets, weakness and low bone density etc.
Shastikshali Pinda Swedan is used to provide nutrition, strength of the body tissues, including the muscles, bones and soft tissues. It energizes and rejuvenates the body, prevents muscle wasting.

Basti Chikitsais known as half of Chikitsa Ayurveda. Matra Basti is a type of Anvasana Basti and least dose of Snehpana.

It is said that Matra Bastis “Sarva Kala Niratrayam” it means there is no complication of Matra Basti which can be administered any time and any condition.

**DISCUSSION**

Dermatomyositis is a Kshayaj Vyadhi in which Shosh of Maanspeshi found. In present case patient advised Shastikshali Pinda Swedan and Matra Basti. Shastikshali contains Masha, Shali, BalaBeeja, Dashmool Kashaya and milk also. All these ingredients have Balya and Poshana property. MatraBasti balya, Brighana and VataRoga Shamaka and for Maanspeshishoshabalya Chikitsa is best line of treatment. In this preparation oral medicines which given to the patient, Kumarkalyana Rasa have Swarna, Mukta, loha and Abhrakabhasma, all type of Bhasmas have anti inflammatory, immunomodulatory, antioxidant, antacids, cardioprotective properties. lohabhasma useful in iron deficiency, Anemia, muscle weakness and Kapha disorders. Vata Gajankusha Rasa has Kajjaliand Trikatuetc which have Deepan Pachana quality. In Punarnava Mandoor Trikattu, Amalaki, Haritaki has Rasayana property, Vidanga is antifungal and antibacterial and used to improve skin pigmentation, weakness and fatigue and in this disease skin problem and weakness also found. The actual cause of dermatomyositis is unknown but if we go to the symptomatology all these medicines are helpful in dermatomyositis or Maanspeshishosha because in condition of Shosha balya and bringhaniya medicines are the 1st line of treatment.

**CONCLUSION**

Result of this study shows that Ayurveda have the capability to improve these type of myopathies. There is no correlation but according to symptomology Balya, Brighaniya, Deepan, Paachan Aushadhi and Panchakarma therapies provided better results in management of dermatomyositis or Maanpeshishosha. Specially Basti Chikitaand Swedana plays an important role to cure these type of diseases. In this case we get remarkable improvement in subjective parameters.

**REFERENCES**

2. Pandit Kashinaath Shastri, Dr. Gorakhnath Chaturvedi Charak Samhita of Maharshi Charak, Chukambhaprakashan, Varanasi, siddhi sthana, chapter 1, page no.971
3. Pandit Kashinaath Shastri, Dr. Gorakhnath Chaturvedi Charak Samhita of Maharshi Charak, Chukambhaprakashan, Varanasi, siddhi sthana, chapter 4, page no.1013
4. Prof. Sidhdhi Nandan Mishra, Bhaishajya Ratnavali, Chukambha Surbharati Prakashan, Varanasi, chapter 5, page no. 105
5. Prof. Sidhdhi Nandan Mishra, Bhaishajya Ratnavali, Chukambha Surbharati Prakashan, Varanasi, chapter 71, page no. 1088
6. Prof. Sidhdhi Nandan Mishra, Bhaishajya Ratnavali, Chukambha Surbharati Prakashan, Varanasi, chapter 26, page no. 528
7. Prof. Sidhdhi Nandan Mishra, Bhaishajya Ratnavali, Chukambha Surbharati Prakashan, Varanasi, chapter 71, page no. 1093