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Case Study

ROLE OF AYURVEDA MANAGEMENT IN SJOGREN'S SYNDROME

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ABSTRACT

Sjögren's syndrome (SS) is a chronic slowly progressive autoimmune systemic disease characterized by lymphocytic infiltration of the salivary and lacrimal glands, which causes glandular fibrosis and exocrine failure. It is characterized by the triad of dry eye (kerato-conjunctivitis sicca), dry mouth (xerostomia), and rheumatoid arthritis. Ayurvedic concept of Sjogren syndrome is obscure and studies are lacking in this area. Things have become difficult for an Ayurvedic physician to evaluate and manage the cases Sjogren syndrome of due to a lack of literature. The diagnosis and line of treatment of '*Amavata*' are suitable to manage the condition of Sjögren's Syndrome. Especially when it is associated with 'Rheumatoid Arthritis'. Ayurvedic treatment looks promising to manage Sjögren's syndrome and its complications. **Brief case report:** A 49 years old female patient with clinically a diagnosis of Sjogren's syndrome came to P D Patel Ayurveda hospital on the date 20th May 2022. She was having complaints of dryness in the eyes and oral cavity, swelling, and pain in joints, morning stiffness(<1hr), dryness of skin, heaviness in the body, and fatigue for the last 9 years. She was in under modern medicaments but she could not find any satisfactory relief. So, the patient came for alternative medicine in Ayurveda and was treated with *Vardhaman Pippali Rasayan*, *Bashpa Svedan, Virechan Karma,* and *Niruha Basti. Tarpana* with *Go-Ghrit*, *Gandush* with *Balataila*, *Shamnarth Snehapana* with *Panchtikta Ghrita*, *Agnikarma* as well as oral medicaments including *Pippali Churna*, *Rasnapanchak Kvatha, Yograj Guggulu* were also given to the patient after *Virechan Karma*. **Conclusion:** Positive result in the present case highlights the potential of multi-modal Ayurveda treatment in managing Sjögren's syndrome (SS) and will help to generate the hypothesis for further research.

INTRODUCTION

Sjögren's syndrome (SS) is a chronic slowly progressive autoimmune systemic disease. The disease was described in 1933 by Henrik Sjögren, after whom it is named. An autoimmune condition with an unknown etiology known as Sjögren's syndrome (SS) is characterized by lymphocytic infiltration of the salivary and lacrimal glands, which causes glandular fibrosis and exocrine failure.[1]

It is characterized by the triad of dry eye (kerato-conjunctivitis sicca), dry mouth (xerostomia), and rheumatoid arthritis. The combination of the formation of the first two symptoms is called sicca symptoms. In Sjögren's syndrome there are following common clinical features like kerato-conjunctivitis sicca-dry eyes, blephritis due to lack of lubricating tears, xerostomia– dry mouth, typically patient needs water to swallow food and dental carries.[2]

- Salivary gland enlargement
- Rheumatoid arthritis
- Raynaud phenomenon
- Fatigue and pain
- Low grade fever
- Feeling tired
- Vaginal dryness
- Xeroderma

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Sjögren's syndrome frequently has an insidious onset, a varied course, and a wide range of clinical symptoms, which makes the diagnosis challenging or time-consuming.

The disease might manifest in one of two ways (Primary Sjögren's syndrome pSS) or in conjunction with an underlying connective tissue disease, most frequently Rheumatoid Arthritis (RA) or Systemic lupus erythematosus (SLE) (secondary Sjögren's syndrome sSS).

Primary Sjögren's syndrome pSS- Systemic disorder that includes both lacrimal and salivary gland dysfunctions without another autoimmune conditions.

Secondary Sjögren's syndrome Sss - It includes salivary and lacrimal gland dysfunction in the setting of another connective tissue disease e.g. SLE, RA, scleroderma, primary biliary cirrhosis, chronic active hepatitis, myasthenia gravis.

The disease affects the age group between 40- 60 years with an estimated prevalence of up to 3% of the population. Women are considerably more affected with Sjögren's syndrome with a female: male ratio of 9:1.[3]

The management of Sjögren syndrome in conventional medicine is not specific only symptomatic and supportive treatments including lacrimal substitutes, steroid therapy, NSAIDS, surgeries, etc are available, although they are effective in reducing the severity and suppressing the symptoms; but they are having various side effects.

The sign and symptoms of Sjögren syndrome are closely resembled with *Aamvata* in Ayurveda. The symptoms of *Aamvata* include *Angamarda* (generalized body pains), *Aruchi* (loss of appetite), *Trishna* (excessively thirsty), *Alasyam* (fatigue), *Gauravam* (feeling of heaviness in body), *Jwara* (fever), (swelling of body parts or joints), and *Apaaka'* (indigestion), *Shoonatanga.*[4] Etiological factors of *Amavata* includes vitiation of *Vata dosha* and formation of *Aama*. Vitiated *Vata dosha* pushes the *Aam* into the *Kapha sthana* mainly the bony joints and muscles. the *Ama* further vitiated by *Vata, Pitta*, and *Kapha* leads to destroy any tissue or organ with which they come into contact. Joints mainly in lower back, pelvis and hips affected by stiffness and severe pain.

Treatment of *Aamvata* includes *Langhan, Dipan*, *Svedan*, *Virechana*, *Basti*. Hence *Deepan* (with *Vardhaman Pippali Krama*), *Sarvānga Bashpa Svedan* with *Nirgundi Patra, Virechan Karma* with *Erand Sneha, Niruha Basti* with *Errand Mula Kwath* were performed in this patient. *Tarpana* with *Go Ghrit*, *Gandush* with *Balataila*, *Shamnarth Snehapana* with *Panchtikta Ghrita*, *Agnikarma* as well as oral medicaments including *Pippali Churna* and *Yograj Guggulu* were also given to the patient after *Virechan Karma*. [5]

Ayurvedic concept of Sjogren syndrome is obscure and studies are lacking in this area. Things have become difficult for an Ayurvedic physician to evaluate and manage the cases Sjogren syndrome of due to a lack of literature. The diagnosis and line of treatment of *Amavata* are suitable to manage the condition of Sjögren's Syndrome. Especially when it is associated with rheumatoid arthritis. Ayurvedic treatment looks promising to manage Sjögren's syndrome and its complications.

Patient Information

A 49 years old female patient with clinically a diagnosis of Sjogren's syndrome came to PD Patel Ayurveda Hospital on the date 20th May 2022. She was having complaints of dryness in the eyes and oral cavity, swelling and pain in joints, morning stiffness, dryness of skin, heaviness in the body, and fatigue for the last 9 years. She had a history of 3 times abortions, after the last delivery in 2013 she started the above symptoms so she took an oil massage and the condition got worsen. She was under modern medicaments including sulfasalazine (1gm), paracetamol (650mg), naproxen (500mg), deflazacort (6mg), hydroxyl chloroquine (200mg), methotrexate (10mg) since 9 years but the patient did not get satisfactory relief and got the condition to worsen hence came to this hospital to get Ayurvedic treatment.

Astavidha Pariksha

Nadi- 74/min, *Vatadhika Pitta*

Mala- 2-3 times/day (*Kostha-Mrudu*)

Consistency-semisolid sink in water

Odor – Foul smell

Mutra- 7-8 times /day *Prakruta*

Jihwa – Sama, Ruksha

Shabda- Prakruta

Sparsha- Khara, Ruksha

Drika- Ruksha

Akruti- Madhyam

Personal history

Diet- *Niramish, Vishamkala Bhojan*

Addiction –Not any

Job- Teacher

Past history- No history of DM, HTN

Family history- Not relevant

Obstetric history- G_6 P_3 A_3 L_3 D_0

Menstrual history- Menopause since 3 years.

Mental status- Psychological stress during pregnancy, short temper.

Timeline

After last pregnancy in postpartum period (G_6 P_3 A_3 L_3 D_0)

July 2013

Started having dryness in oral cavity, eyes, knee joint pain

The patient massaged the oil to relieve the pain

After oil application pain increased and developed swelling

Gradually pain and swelling increased and involve all the joints in the body

03/10/2013

Consulted Rheumatologist doctor and clinically diagnosed with sjogren syndrome along with RA

Patient took allopathic medication prescribed by rheumatologist.

Year 2013 to till 20th may 2022

Patient`s condition gets worsen and she couldn`t find any relief.

Dryness increases in oral cavity and eyes, swelling and pain in joints, morning stiffness, dryness of skin, absent fatigue and heaviness in the body.

20th may 2022

Admitted in P D Patel Ayurveda hospital for further treatment

Vardhaman Pippali Rasayan was given to the patient for 15 days along with *Sarvang Bashpa* and *Mudga Yush* followed by *Shanshodhan Karma* with *Virechan (Errand Sneha)*

20/05/2022 to 02/06/2022

After *Shanshodhan Karma* 1 day of *Sansarjan karma*

Sanshaman Chikitsa; Yograj Guggulu, Rasnapanchak Kvath
Daily *Sarvang bashpa svedan* with *nirgundi paatra Niruha Basti* with *Erand Mula Kwath* were performed in this patient.
Tarpana with *Go Ghrit*, *Gandush* with *Balataila, Shamnarth Snehapana* with *Panchtikta Ghrita*, *Agnikarma*

Decrease swelling and pain in joints, morning stiffness, dryness of skin, heaviness in the body, and fatigue

03/06/2022 to 16/6/2022

Relief in swelling and joint pain, morning stiffness (90% relief), decreased dryness in oral cavity and eyes (70% relief), absent fatigue and heaviness in the body.

16/6/2022

patient discharge and kept on *Shaman Aushdha.*

Diagnostic Assessment

In present case, the diagnosis of Sjögren's syndrome (SS) was made based on the features like, dry eyes, dry mouth, skin manifestations, fatigue, elevated ESR and positive serological findings for RF. The diagnosis of SSS was made by the presence of RA features along with SS. Ayurvedic diagnosis of *Amavata* (inflammatory arthritis) has been made based on the features, *Angamarda* (generalized body pains), *Aruchi* (loss of appetite), *Trishna* (excessively thirsty), *Aalasyam (*fatigue), *Gauravam* (feeling of heaviness in body), *Jwara* (fever), *Shoonatanga* (swelling of body parts or joints), and *Apaaka* (indigestion). The main objective of the treatment was, to manage *Saamavastha* and to manage *Amavata*. After achieving *Niramavastha, Vata Hara Chikitsa* (*Vata Dosha* pacifying treatment) has been done.

Investigations

Autoimmunity test: SSA-Ro IgG– Negative (date 2/10/2013)

ESR-58 mm (date -2/10/2013)

RA factor-63.9 IU/ml (11/3/2022)

X-ray chest -PA view -normal (11/3/2022)

On examination (date-23/5/2022)

Schirmer's test- Right eye-0 mm

Left eye- 0 mm

Vision acuity test- Right eye- 6/9

Left eye -6/18

Therapeutic Intervention

In modern science, there is no known cure for Sjögren's syndrome (SS), treatment focuses on relieving symptoms and preventing complications. In Ayurveda the main objective of the treatment was, to manage *Saamavastha* and *Amavata*. After achieving *Niramavastha*, *Vata Hara Chikitsa* (*Vata dosha* pacifying treatment) has been done. Treatment of *Aamvata* includes *Langhan, Dipan, Svedan, Virechan,* and *Basti*. Hence after admission treatment started with *Vardhaman Pippali Rasayan* (for *Dipan* and *Pachan*) along with *Sarvanga Bashpa Svedan* with *Nirgundi Patra* for next 15 days. After that *Virechan Karma* with *Erand Sneha* was done. After that *Sansarjan Karma* was observed. *Niruha Basti* with *Erand Mula Kwath* were performed in this patient. *Tarpana* with *Go Ghrit*, *Gandush* with *Balataila*, *Shamnarth Snehapana*with *Panchtikta Ghrita*, *Agnikarma* well as oral medicaments including *Pippalī Churna* and *Yograj Guggulu* were also given to the patient after *Virechan Karma.*

From the first day, powder of *Pippali* (*P. longum*) was administered in *Vardhamana Krama*, beginning with a dose of 1gm on the first day and twice daily. Up until a dose of 5gm twice per day, it was increased by 1gm every day. The maximal dose, or 5gm, was administered for 5 days before being reduced daily by 1gm to a dose of 1gm twice per day. Patient were kept on *Mudga yusha*. The treatment took 15 days in total. On 16th day *Mridu Virechana* with *Eranda Sneha* was administered to patient in doses of 50 ml with hot water.

After *Virechana karma, Sansarjana krama* was performed with mung bean soup on first day, boiled mung and vegetables on 2nd day and boiled rice with dal on 3rd day as meals.

From 18th day *Niruha basti* (prepared according to classics with *Erandmuladi kvath,* honey, sesame oil, *Putoyavanyadi kalka* and *Saindhavalavana*) was given every day for next 13 days. Hence, total 13 numbers of *Basti* were given.

Agnikarma were performed every day from 26th day of hospitalization. *Gandush* (with *Bala taila*) and *Tarpan* (*Go ghrita*) were performed from 4th day of hospitalization.

Following oral medicaments were given from 17th day of admission:

Yograj guggulu 3 tablets (300mg each) 3 times in a day with warm water.

Rasnapanchak kvatha 40ml twice a day.

Panchatikta ghrita 20ml twice a day with warm water.

After the 4 weeks of hospitalized treatment, all oral medicaments were also continued for next five months period at out-door level.

Outcome and follow-up: The patient was assessed before and after the treatment as well as after follow-up after 1 month of discharge. Reduction in dryness in the eyes and oral cavity, dryness of skin (70% relief). relief in swelling and pain in joints, morning stiffness (90% relief), there is no heaviness in the body, and fatigue were observed after the treatment.

DISCUSSION

The concept of *Amavata* disease helps in understanding the etiology of Sjögren's syndrome.

According to *Madhav Nidan's* explanation, *Vata* becomes vitiated and pushes the *Ama* into different parts of the body via various *Dhamnis* as a result of disease exacerbating causes. *Vata, Pitta,* and *Kapha* further vitiate the *Ama,* which leads to damage to whatever tissue or organ comes into contact with.[6] *Vayu* is primarily responsible for pushing the *Ama* into the *Shleshma Sthana* and especially the bony joints. The fundamental idea of Ayurveda is *Ama*. It plays a crucial role in the etiology of disease. *Ama* is created inside the body, making it an autoantigen, yet because of its non-homologous nature, it functions as an antigen. According to contemporary science, *Ama* is an antigen-antibody combination that causes autoimmune disorders.

The inflammatory eye condition known as *Shushkakshipaka,* which is associated with dryness, is mentioned in the classical Ayurvedic literature under the heading *Sarvagata Netraroga* (diseases affecting all parts of the eye). Dry eye syndrome, often known as Keratoconjunctivitis is identical to *Shushkakshipaka.*[7]

Amavata is a disease in which the *Vata dosha* becomes vitiated and *Ama* (a maldigested, non-homogeneous substance) accumulates in joints, causing pain, stiffness, swelling, tenderness, and other symptoms in the associated joints. *Amavata* shares many characteristics with RA, an autoimmune condition that results in symmetrical, persistent polyarthritis with inflammation. If the disease is allowed to deteriorate, the pain may start to shift from one joint to another and may even feel like it's burning or stinging intensely. According to Ayurveda, *Vatarakta* is a disease brought on by vitiated *Vata* and *Rakta*,[8] which can bring some insights into the concept of autoimmunity. In the present case, clinical features like dryness in the eyes and oral cavity, swelling, and pain in joints, morning stiffness, dryness of skin, heaviness in the body, fatigue, etc indicate the diagnosis of *Aamavata*. which is characterized by *Anagamarda, Aruchi, Trishna, Aalasyam, Gauravam, Jwara, Apaka, Shoonataanga* etc., signs and symptoms). Among them *Trishna* (feeling of excessive thirstiness) was predominant and it is similar to 'Xerostomia' or dry mouth of Sjogren syndrome.

After making the diagnosis of *Amavata*, the patient has received *Ama paachana* (drugs or treatment which rectifies *Ama dosha*) and *Vatahara* drugs. Before starting Ayurvedic medicines, all modern medicines like steroids, NSAIDs, etc., were stopped. Treatment of *Aamvata* includes *Langhan, Dipan*, *Svedan*, *Virechan* and *Basti.*

Ayurveda's description of the *Rasayana* medications includes *Vardhaman pippali.*[9] Since *Ama* is the primary pathogenic factor in *Amavata* or rheumatoid arthritis, it possesses *Agnidipana* and *Amapachana* effects and is beneficial in removing *Ama* from the body. *Pippali* corrects immune system activities by eliminating *Ama*, the cause of *Balabhrmsha* or the formation of auto-immune diseases in the body. *Rasayana* and immunomodulatory effects are present in *Pippali*. Because of all of these combined effects, it is significant to the *Samprapti-vighatana* of the *Amavata.* Patients were kept on *Mudga yusha* (for *Langhan).*

In terms of treating morbid *Ama, Vata,* and *Kapha, Svedan* is regarded as the most effective method. *Svedan* helps in relieving the pain, swelling, and stiffness brought on by the disease *Amavata.* The cells get activated after *Svedan* and eliminate the toxins. Here, *Nirgundi Patras* were utilized for *Svedan.* The *Kapha Vata Shamak, Rasayana*, analgesic, and anti-inflammatory effects of *Nirgundi* were beneficial.

Virechana Karma is regarded as a *Shodhana* therapy for the effective management of *Amavata.* Since it is the most effective treatment for the *Sthanika Pitta Dosha*, it may be responsible for *Agnivardhana* and the evacuation of *Ama,* which is the primary cause of this disease. As a *Virechana* medicine in *Amavata, Eranda Taila* has been recommended by all *Acharyas.* Additionally, it is acting specifically as *Amavatahara*. As the lion can govern an elephant in a similar manner *"Eranda Taila"* can govern the disease *Amavata, Bhava Mishra* compared the *Erand Tail* with the lion.

Erand Muladi Niruha Basti[10] is *Deepan* and *lekhana* in nature which helps in pacifying *Kapha*, *Aama* reduces symptoms like heaviness and stiffness. *Erand Muladi Niruha Basti* possess anti-inflammatory, anti-oxidant, analgesic.

Chakrapani advises *Yograja Guggulu* in *Amavata. Guggulu* itself has anti-inflammatory properties *(Sophahara* and *Vedanasthapaka). Yograj Guggul* also has anti - arthritic properties, primarily as a result of enhanced immunological function, reduced capillary permeability, and prevention of connective tissue disintegration.

Rasnapanchaka kwath has *Agnidipana, Vatahara, Anulomana, Shulahara*, *Shothhara*, and *Rsayayana* properties.

Tarpan treats *Vata-Pitta Vikar* and nourishes the eyes. The high lipid content of *Ghrita* reflects its mucoadhesive properties. encourages the reconstruction of the tear film in this way.

Bala Taila Gandush is type of *Snigdha Gandusha*. It helps to nourish and lubricate the oral cavity.

The attributes of the *Panchatikta Gana (Guduchi, Patola, Nimba, Vasa, and Kantakari)* include *Tiktarasa, Katuvipaka, Laghu,* and *Ruksha*. Therefore, *Ghrita* made with it will aid in raising *Dhatvagni* levels. Due to its *Jeevaniya* qualities, the *Madhura rasa, Guru,* and *Snigdha guna* of *ghrita* aid in calming *Vata.*

Shula, Stambha, Gaurav, and *Sheeta* are relieved by the *Agnikarma's Ushna, Tikshna, Sukshma,* and *Laghu qualities. Agnikarma* therapy improves local blood vessel circulation, removes collected fluid, and reduces swelling. Additionally, it calms nerve endings and eases discomfort.

CONCLUSION

There is currently no treatment or medication available for Sjogren syndrome. Goals of treatment continue to be symptom relief, avoiding complications, and immunosuppressive therapy. Patients with Sjogren syndrome are the only ones who can receive disease- modifying medication, but there isn't much proof that it works. Some of this disease's clinical presentations may need inter disciplinary

management due to its complexity. Sjögren's Syndrome can be managed effectively with the diagnosis and line of management of *Amavata*, especially when it is accompanied by Rheumatoid Arthritis. The management of Sjögren's syndrome and its complications appear to be effective using Ayurvedic medicine.

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