



Case Study

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ENHANCING THE QUALITY OF LIFE IN DERMATOMYOSITIS THROUGH PANCHAKARMA: A CASE STUDY

Megha B ^{1*}, Ananta S Desai ²

¹ PG Scholar, Department of Panchakarma, Government Ayurvedic Medical College, Bengaluru, Karnataka, India

² HOD, Department of Panchakarma, Government Ayurvedic Medical College, Bengaluru, Karnataka, India

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*Corresponding author

E-mail: meghaborker984@gmail.com

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ABSTRACT

Introduction: Dermatomyositis is an autoimmune disease, a rare type of inflammatory myopathy, characterized by inflammatory and degenerative changes in muscles and skin. It results in proximal muscle weakness, eventually showing the signs of atrophy. Skin abnormalities include heliotrope rash, butterfly rash, Gottron papules and sign etc. The estimated incidence of dermatomyositis is 9.63 cases per million population. According to Ayurveda, even though there is no direct correlation, this disease can be studied under Santata Jwara and Punaravartaka Jwara. **Materials and Methods:** This case study involves a 55-year-old female patient, who presented with continuous fever for 10 days followed by reddish black lesion over face, multiple joint pain and stiffness, gradual reduction in strength in bilateral lower and upper limb which led to dependency in the past 5 months. The case is diagnosed as Santata jwara and Punaravartaka Jwara, and was treated with Deepana Pachana, Dashamula Kashaya Parisheka, Shashtikashali pinda sweda and matra basti for 25 days in total. **Result:** There was a noteworthy improvement in muscle power, reduction in multiple joint pain and stiffness and the patient became independent. **Conclusion:** Autoimmunity is associated with a broad spectrum of diseases, that cannot be understood as a single condition according to Ayurveda. Dermatomyositis is characterized by Santata Jwara and Punaravartaka Jwara lakshana and samprapti, thus treatment focused on Jwarahara, Ama Pachana, Agni Deepana and Brumhana. Even though these auto immune disease demand long term treatment and repeated Panchakarma chikitsa, this case shown significant improvement with a single course of treatment with observable symptomatic relief.

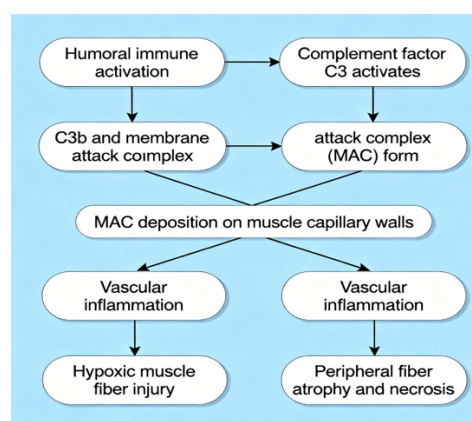
Keywords: Santata Jwara, Punaravartaka Jwara, Dermatomyositis, Panchakarma, Parisheka, Shashtikashali pinda sweda, matra basti

INTRODUCTION

Dermatomyositis is a rare, acquired immune-mediated muscle disease characterized by muscle weakness and a distinctive skin rash. It falls under the category of idiopathic inflammatory myopathies (IIM). While all idiopathic inflammatory myopathies present with muscle weakness, they vary clinically regarding the specific muscle groups affected and the associated histopathological findings¹. Muscle abnormalities can initially manifest as aches and weakness in the muscles of the trunk, upper arms, hips, and thighs i.e. proximal group muscles. Muscles may become stiff, sore, and tender, eventually showing signs of degeneration (atrophy). This can lead to difficulties in performing specific functions, such as raising arms, climbing stairs, and in some cases, speech and swallowing difficulties may develop. Skin abnormalities include heliotrope rash, butterfly rash, Gottron papules and sign etc².

Dermatomyositis can occur at any age but is most commonly seen between the ages of 40 and 60 years. The estimated incidence of dermatomyositis is approximately 9.63 cases per million people. In children, symptoms typically appear between the ages of five and 15 years, with juvenile dermatomyositis affecting about three in one million children. Females experience dermatomyositis at roughly twice the rate observed in males².

Pathophysiology³



Signs and symptoms

The main clinical features of dermatomyositis are weakness in the muscles and distinctive changes in the skin.³

Muscular

- Muscle weakness typically presents with a gradual onset and tends to affect proximal muscles symmetrically.
- Patients may find it challenging to perform daily tasks such as climbing stairs, standing up from a seated position, lifting items, combing their hair, or lifting their head from a pillow.
- On physical examination, there is often a noticeable reduction in the strength of proximal muscle groups, including the deltoids, hip flexors, and neck flexors.

Cutaneous Symptoms

Alteration in the skin might appear before or simultaneously with muscle involvement. Certain skin findings can be characteristic for dermatomyositis. Which include,

- Gottron papules
- Heliotrope rash
- Shawl sign
- V sign
- Holster sign
- Mechanic's hands
- Calcinosis cutis

Investigation

- Creatine kinase (CK)
- Aldolase
- Lactate dehydrogenase (LDH)
- Aspartate aminotransferase (AST)
- Alanine aminotransferase (ALT)
- Antinuclear antibodies (ANA)
- Myositis specific autoantibodies (MSA)

Ayurvedic understanding of Dermatomyositis

According to Ayurveda, even though there is no direct correlation to this disease, pathology of auto immunity corresponds with the concept of jwara and its upadrava.

According to Acharya Charaka, Santata Jwara lasts up to 12 days, during which the doshas move in the Rasadi Srotas, and reach sarva shareera, leading to various symptoms⁴. If the disease is not treated properly in this phase, doshas move to the leena Avastha and become Aleena whenever there is a favourable environment

in the shareera, leading to Punaravartaka jwara. According to Acharya Charaka, When the patient exposes to the nidana, the shareerika dhatus undergo paka, leading to various symptoms like, jwara, Shotha, Pandu, Pidaka etc⁵, which matches with auto immunity and dermatomyositis as well.

Treatment according to Ayurveda include santata jwara chikitsa i.e. initial Apatarpana chikitsa, Jwara hara, Amapachana, Agni Deepana followed by Brumhana.

Here, we present a case diagnosed with dermatomyositis and treated according to the established principles. The patient exhibited significant improvements, including increased muscle strength, reduction in joint pain and stiffness, and achieved independence in daily activities.

Case Report

A female patient aged 52 years, who is not a known case of diabetes mellitus, hypertension and thyroid dysfunction was otherwise normal, 9 months back. She experienced a continuous fever accompanied by generalized body aches, which lasted for one week. After consulting a physician and receiving treatment, her symptoms resolved. Gradually, she then developed pain in multiple joints, with morning stiffness lasting over an hour, along with blackish, thickened rashes on her cheeks, forehead, and neck. She also noticed gradual weakness in her bilateral thighs and arms, which led to dependency for daily activities. The patient did not identify any specific aggravating or relieving factors for her symptoms. She consulted nearby physicians and as there was no significant relief she sought further evaluation and treatment at Panchakarma department, Govt Ayurvedic Medical College, Dhanvantari road, Bengaluru, Karnataka, India.

Physical Findings

Table 1: Physical Findings

Gait		Myopathic gait		
Higher mental function		Intact, well oriented to time, place and person		
Cranial nerves		Within normal limits		
Sensory system		No abnormality detected		
Motor system	Limb attitude	Upper limb – NAD, Lower limb- NAD		
	Muscle power		Right	Left
		Deltoid	4/5	4/5
		Hip flexor	3/5	3/5
		Hip extensor	4/5	4/5
		Neck flexor	3/5	
		Neck extensor	4/5	
		Distal Muscle	5/5	5/5
	Reflexes	Biceps	++	++
		Triceps	++	++
		Knee	++	++
		Ankle	++	++
		Plantar	Flexor	Flexor
Cutaneous findings		Shawl sign +ve		
		V sign +ve		
		Heliotrope rash +ve		

Dashavidha Pareeksha

Table 2: Dashavidha Pareeksha

Prakriti	Vata kapha
Vikriti	Vata pradhana tridosha
Sara	Madhyama
Samhanana	Susamhata
Satmya	Sarvarasa
Satva	Madhyama
Vyayama shakti	Avara
Ahara Shakti	Abhyavaharana shakti- Avara
	Jeerna shakti- Avara
Pramana	Madhyama
Vaya	Madhyama

Investigations

Done on 15/11/2023

- Histopathology
Dermis shows perivascular sparse chronic inflammatory infiltrate. Epidermis is atrophic with increased melanocytes and focal vacuolar degeneration.
- CRP- 6mg/L
- RA- negative
- ANA Profile:
MI-2: +++ (Strong positive)
JO-1: +(Borderline)
- CKNAC: 2636U/L

Nidana Panchaka**Table 3: Nidana Panchaka**

Nidana	Krimi
Poorva Rupa	Jwara
Rupa	Reduced strength in bilateral upper and lower limb, multiple joint pain, blackish discoloration over face, neck, knuckles
Upashya and Anupashya	Nothing specific

Samprapti Ghataka**Table 4: Samprapti Ghataka**

Dosha	Vata pradhana tridosha
Dushya	Rasa, Rakta, Mamsa
Agni	Jataraagni, Dhatuvaagni
Agni dhushti	Mandaagni
Srotas	Rasavaha, Raktavaha, Mamsavaha
Srotodushti	Sanga
Udhbhavastana	Amashaya
Sancharastana	Sarvashareera
Vyaktastana	Sarvashareera
Rogamarga	Madhyama, Bahya
Sadhyaasadyata	Yapya

Treatment Protocol Adopted

A comprehensive treatment approach was implemented, integrating Panchakarma procedures alongside oral medication administration.

Table 5: Treatment Protocol Adopted

Treatment	Duration	Observation
Sarvanga dashamoola Kashaya Parisheka	5 days	Reduction in multiple joint pain and stiffness, lightness of the body is seen
Sarvanga Dashamoola Ksheera Parisheka	7 days	Slight improvement in the Power but require support to get up from the laying down position and sitting position.
Shashtika shali pinda sweda + Matra Basti with Guggulu Tiktaka Ghrita	7 days	Muscle power in bilateral hips and arms improved, able to get up from laying down position without support. Neck muscle weakness didn't improve.
Greeva Basti with Ashwagandha Bala Lakshadi Taila + Matra basti with Guggulu Tiktaka Ghrita	7 days	Able to grip her neck

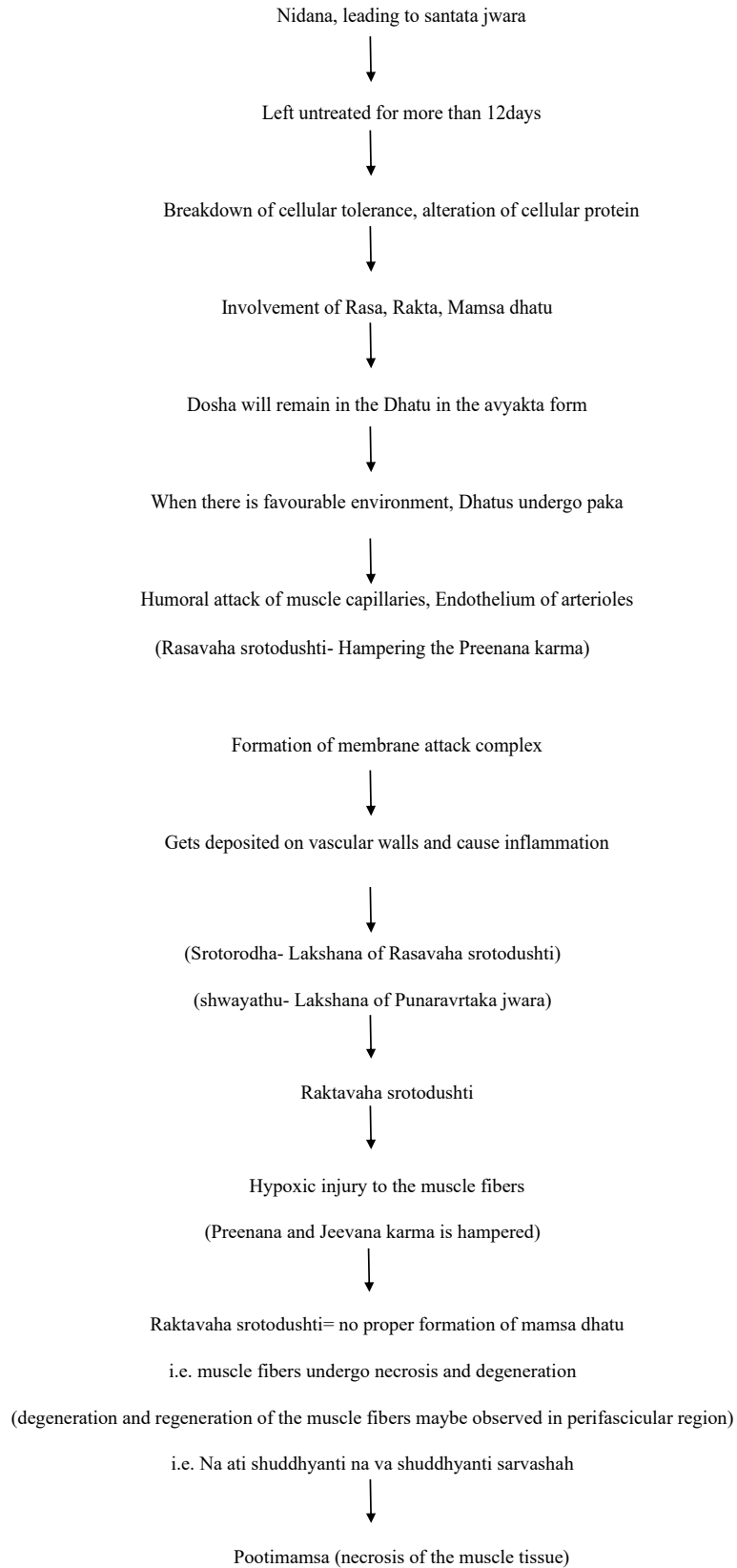
RESULTS AND DISCUSSION**Assessment (Barthel Index)****Table 6: Assessment (Barthel Index)**

Domain name	Score before the treatment	Score after the treatment
Feeding	05	10
Bathing	00	05
Grooming	00	05
Dressing	05	10
Bowel	10	10
Bladder	10	10
Toilet use	05	10
Transfers	05	15
Mobility	10	15
Stairs	0	10
Total	50	100

DISCUSSION

The disease Dermatomyositis, is a rare immune mediated disease, presenting with symmetrical proximal muscle weakness, skin rash and extramacular manifestations. Even though there is no direct correlation, this disease is studied under Santata jwara and Punaravartaka jwara based on the samprapti and lakshanas.

Understanding the pathophysiology according to Ayurveda



Understanding the treatment planned

Dashamula Parisheka

Acharya Sushruta mentions the existence of *tiryak dhamani* that spread throughout the body and open through *romakupa*. Through these openings, the drugs, which have been administered in the form of *abhyanga*, *seka* etc, enter the body by virtue of their *Veerya*, undergo *paka* by the help of *bhrajakagni* and nourish the *rasa*⁶.

According to Acharya Sushruta, Dashamula is *tridoshashamaka*, *Ama pachaka* and *sarva jwarahara*⁷.

In the current case, the patient presented with multiple joint pain, stiffness and feverish feeling. Hence Dashamula Kashaya was selected for *parisheka*.

Shashtika shali Pinda sweda

Once the patient is relieved from the *Ama lakshana*, *Brumhana* line of management should be adopted. Here in this case, *Shashtikashali pinda sweda* along with *matra basti* was adopted.

Acharya Charaka, while explaining the drugs used for *pinda sweda*, he has mentioned *odana* as *swedana dravya* especially in the *vata pradhana avastha*⁸. As *Shashtika shali* said to be *sthiratmaka*, it was used for the process of *swedana* here⁹.

This rice has a very low glycaemic index. It has higher protein content about 16.5%, Thiamine about 26-32%, Riboflavin 4-24% and Niacin 2-36%¹⁰. Skeletal muscle contractile proteins are the largest protein reservoir and can be rapidly utilized to supply amino acids to the entire organism during fasting or stress. These proteins are essential to maintain the muscle bulk, to facilitate muscle growth and maintain its functionality¹¹. High-protein, low-carb diets have long been considered the gold standard method for gym-goers and bodybuilders aiming to gain muscle and lose fat. Thiamine (vitamin B1) is essential for the body's cells to convert carbohydrates into energy. It also plays a crucial role in muscle contraction and nerve signal conduction. The active form of thiamine, known as thiamine pyrophosphate (TPP), helps enzymes break down glucose molecules, which are the primary source of fuel for muscles.¹².

Greeva Basti

As the patient presented with difficulty in raising the head from the pillow, as a local treatment *greeva basti* was planned. *Greeva basti* is a therapeutic procedure, which involves the application of medicated oils by creating a reservoir or well-like structure around the neck area using dough made from black gram flour or other suitable materials. The warm herbal oil is then poured and held within this reservoir for a certain duration. The aim of *Greeva Basti* is to alleviate the stiffness, improve the flexibility and nourish the muscles and surrounding structures. *Ashwagandhabalalakshadi taila* is used for the procedure, as it is said to be *sarvavatyadhihara* and *pushtikara* in nature.

The definition of heat involves the rise in the average molecular velocity of particles. Generally, this catalyses all chemical processes. Consequently, applying heat increases cellular metabolism and enhances transport across cell membranes. Within physiological limits, every 1°C rise boosts metabolic activity by approximately 10%. This localized metabolic spike elevates oxygen partial pressure (PO₂), carbon dioxide partial pressure (PCO₂), and lowers pH, influencing local perfusion via pre-capillary sphincters and meta-arterioles. These microvascular structures in tissues maintain local homeostasis through rhythmic contractions and relaxations, regulating capillary bed perfusion. This self-regulating process, known as "vasomotion," is chiefly

governed by oxygen levels. Moreover, temperature elevation in connective tissues, especially collagenous tissues like skin, muscle, tendon, ligament, or joint capsules, increases elasticity. As temperature rises from 10°C to 35°C, the amplitude of resting intact muscle fibres viscous, viscoelastic, and elastic components varies, with a concurrent decrease in matrix viscosity. Consequently, tissues such as tendons and ligaments exhibit increased elasticity¹³.

Matra Basti

Basti holds significant importance in treating the *vata prakopajanya vikara*, as it possesses a wide spectrum of action and hence considered as *Ardha Chikitsa*¹⁴.

When administered, *Basti* reaches the *pakwashaya*, the main seat of *vata dosha* and from there, its *veerya* spreads throughout the entire body¹⁵. *Guggulu tiktaka ghrita* is selected in this case, as it is *vatahara*, and nourish the *asthi majjadi dhatus*¹⁶. *Guggulu* possess *Sukshma guna*, the *Dravya* spreads to *sarva shareera*¹⁷.

The rectum is rich in blood and lymphatic vessels, which facilitates the absorption of drugs through its mucosa, akin to a lipid membrane. As a result, unionized and lipid-soluble substances are efficiently absorbed from the rectal mucosa. Short-chain fatty acids, such as those in butterfat, are absorbed directly into the portal blood instead of being converted into triglycerides. This direct absorption occurs because short-chain fatty acids are more water-soluble, allowing them to diffuse from epithelial cells straight into the capillary blood of the villi.

Anuvasana Basti, due to its longer retention time, enhances the probability of absorption. Particularly, short-chain fatty acids present in the *Sneha* used in *Anuvasana Basti* may absorb from the colon and large intestine, potentially alleviating pathological conditions¹⁸.

CONCLUSION

Autoimmunity is associated with a broad spectrum of diseases, that cannot be understood as a single condition according to Ayurveda. *Dermatomyositis* is characterized by *Santata Jwara* and *Punaravartaka Jwara lakshana* and *samprapti*, thus treatment focused on *Jwarahara*, *Ama Pachana*, *Agni Deepana* and *Brumhana*. Even though these auto immune disease demand long term treatment and repeated *Panchakarma chikitsa*, this case shown significant improvement with a single course of treatment with observable symptomatic relief.

Consent and ethical statement

The study is carried out as per ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants.

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