

## Ayurvedic Management of Sjogner's Syndrome – A Case Study.

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### ABSTRACT:

Sjögren's syndrome (SS) is one of the three most common autoimmune systemic diseases. The pathogenesis of SS is still unknown. SS often has an insidious onset, a variable course, and a wide variety of clinical manifestations, making the diagnosis difficult or delayed. SS can present either alone (Primary Sjögren's Syndrome - pSS) or in association of an underlying connective tissue disease, most commonly 'Rheumatoid Arthritis (RA)' or 'Systemic Lupus Erythematosus (SLE)' (Secondary Sjögren's Syndrome - sSS). Clinically the hallmarks of SS are kerato-conjunctivitis sicca (dry eyes) and xerostomia (dry mouth), or named sicca complex. SS occasionally coexists with other systemic autoimmune diseases, such that SLE and RA. Treatment goals of SS includes, palliative management of symptoms, preventing complications and immunosuppressive agents. The present case report deals with a patient of SS (associated with RA) came for Ayurvedic treatment. The diagnosis of 'Amavata' has been made, considering the disease as autoimmune Shodhana in terms of virechana and Shamana chikista was given accordingly. 'Trishna' mentioned in 'Amavata' seems similar to 'xerostomia' or 'sicca' of Sjögren's syndrome. The diagnosis and line of treatment of 'Amavata' is suitable to manage the condition of 'Secondary Sjögren's Syndrome' (sSS) especially when it is associated with 'Rheumatoid Arthritis'. Ayurvedic treatment is promising to manage Sjögren's syndrome and its complications.

**KEYWORDS:** Amavata, autoimmune disease, sjögren's syndrome, Virechana, Shamana.

### INTRODUCTION:

Sjögren's syndrome (SS) is one of the three most common autoimmune systemic diseases. The pathogenesis of SS is still unknown. SS often has an insidious onset, a variable course, and a wide variety of clinical manifestations, making the diagnosis difficult or delayed<sup>1</sup>.

There are two categories for Sjögren's Syndrome:

1. Primary Sjögren's Syndrome - If patient don't have other rheumatic disease.
2. Secondary Sjögren's Syndrome - If patient have other rheumatic disease like SLE, RA, Scleroderma

sSS consists of a sicca complex, which may be relatively mild and associated with one of the autoimmune diseases<sup>2</sup>.

Treatment goals of SS includes, palliative management of symptoms, preventing complications and immunosuppressive agents<sup>3</sup>.

The present case report deals with a patient of sSS came for Ayurvedic treatment. Written informed consent was obtained from the patient for the publication of this case report.

### **CASE STUDY:**

A 43 year old female xyz resident of Mysuru, reported to Panchakarma OPD of JSS AMC &H on (29/7/2022) with complaints of dryness of eyes, and mouth since 2 months associated with pain and swelling at knee joints (Rt>Lt) and small joints (Metacarpophalangeal joints) (Lt>Rt) since 8 years. Patient is already diagnosed with Sjögren's Syndrome and her investigations showed RA factor positive. The patient has been taking NSAID's, corticosteroids, calcium supplementation regularly. She has been getting mild relief with the above medicines but she is not satisfied with that relief. Patient has opted for Ayurvedic treatment and came to our hospital in search of better and sustained relief.

### **BRIEF HISTORY:**

Patient was having complaints of dryness in eyes & reduced salivation with dryness in throat since 2 months.

- Patient was having complaints of polyarthritis.
- No history of diabetes mellitus, hypertension and hypothyroidism.
- There is no history of similar disease in the family.
- There is history of tonsilectomy 8years back.

### **GENERAL EXAMINATION:**

Patient was haemodynamically stable. All vital parameters are within normal range.

### **EXAMINATION OF THROAT:**

On Inspection: Uvula- Present in middle, not deviated.

Tongue- Pink colour, dry, no ulceration, no redness, swelling absent.

On Palpation: Gag reflex- Positive.

Hoarseness of voice – Present.

### **EXAMINATION OF KNEE JOINTS AND SMALL JOINTS:**

On Inspection: Scar- Absent.

Redness- Absent.

On Palpation: Swelling- Present.

Tenderness- Present.

Crepitus- Present (Rt knee>Lt Knee).

Warmth- Present.

### TREATMENT PROTOCOL:

Date	Treatment	Medicine	Observation
29/7/2022 to 4/8/2022	Amapachana	Vaishvanara churna (1tsp-0-1tsp) with warm water before food.	-
5/8/2022 to 8/8/2022	Snehapana (Arohanakrama)	Sukumara Ghritha	At the end of Snehapana, dryness of eyes and mouth has moderately reduced.
9/8/2022 to 12/8/2022	Sarvanga Abhyanga and Bashpa Sweda	Mahavishagarbha taila	
12/8/2022	Virechana	Trivritr lehya-30grams	
12/8/2022 to 16/8/2022	Samsarjana krama	-	*Moderate salivation starts in mouth. *Hoarseness of voice reduced. *Knee joint and small joints pain had slightly reduced.
	Oral Medications after Samsarjana krama	1. Ashwagandha Ksheerapaka with pinch of Pippali (30ml-0-0) after food. 2. Cap.Guduchi (0-2-0) after food. 3. Sukumara Gritha (0-0-10ml) before food. 4. Irimedadhi taila- Gargling.	

### DISCUSSION:

SS mainly affects women in the fourth and fifth decade with female to male ratio is 9:1<sup>4</sup>. SS has a wide variety of presentations, ranging from the local involvement of exocrine glands with keratoconjunctivitis sicca (KCS) and xerostomia to the systemic, extra glandular involvement of multiple organs. Sicca symptoms are the most common manifestation of SS.. Patients with KCS complain about foreign-body sensation, burning or soreness of the eyes and increased sensitivity to light. Marked xerostomia presents clinically as, difficulties when talking and while chewing or eating dry food. The most common extra glandular manifestations are arthralgia and non-erosive polyarthritis. 'sSS' appears in the setting of

another autoimmune disease, particularly SLE (15–36%), RA (20–32%), and limited or progressive systemic sclerosis (11–24%)<sup>5</sup>.

Treatment goals remain symptom palliation, prevention of complications and immunosuppressive therapy. The present case after receiving treatment with various medicines like corticosteroids, NSAID's, multi vitamins patient opted for Ayurvedic treatment to arrest progression of the disease, to prevent complications and to get satisfactory and sustained relief. The patient was diagnosed as having 'sSS' according to modern medicine and 'Amavata' according to Ayurveda.

'Shushkakshipaka' (inflammatory eye disease associated with dryness) is mentioned in the classical literature of Ayurveda under 'Sarvagata Netraroga' (diseases affecting all parts of the eye). KCS or dry eye syndrome is having similarity with 'Shushkakshipaka'<sup>6</sup>. Amavata is a disease in which vitiation of 'Vata dosha' and accumulation of 'Ama' (maldigested, non-homogeneous product) takes place in joints, and leads to production of pain, stiffness, swelling, tenderness, etc., in the related joints. The features of Amavata are much identical to RA, an autoimmune disorder which causes chronic inflammatory and symmetrical polyarthritis<sup>7</sup>. If the condition is allowed to progress the pain may begin to migrate from one joint to another joint, with an intense sting or burning sensation<sup>8</sup>.

In present case, the whole clinical picture (SS with RA or sSS) has shown similarity with 'Amavata' (with the predominance of 'trishna'). Before starting Ayurvedic medicines, all modern medicines like steroids, NSAID's, calcium supplementation etc were stopped.

After making the diagnosis as 'Amavata', the patient has given Vaishvanara churna 1 tsp twice daily before food for amapachana which is also indicated in amavata, snehapana with sukumara ghritha in arohanakrama, which is indicated in vatavyadhi, sophia, vatarakta etc., also given as shamana sneha, the ingredients of sukumara ghrita like shatavari, punarnava, dashamoola, Ashwagandha, eranda taila have best vata shamana property that might be helpful in relieving inflammation, pain. Sarvanaga Abhyanga with Mahavishagarbha taila has property of shoolahara<sup>9</sup> and Bashpa sweda, virechana with Trivrith lehya which provides clarity to the mind, strength to the sense organs, stability to the tissues, improves digestion, slowing down of ageing process.

During follow up days Ashwagandha ksheera paka with pinch of pippali is given which is vata kapha hara due to its analgesic effect it reduces the pain. Capsule Guduchi due to its katu, tikta and kashaya rasa, madhura vipaka and laghu guna, tridosha shamaka properties it improves agni, relieves thirst, burning sensation, improves vision and joint problems. Irimedadi taila having ingredients of manjista, gayatri, lavanga due to its, anti microbial reduces infection and anti inflammatory activity improves blood circulation in the oral cavity.

Patient got good improvement in arthralgia features, dry eyes and dry mouth, after taking Shodhana and shamana chikista. No adverse effects were reported with the above Ayurvedic drugs by the patient during treatment period. The patient got clinically meaningful improvement with Ayurvedic medicines when they were administered especially in KCS and

in arthralgia features. Ayurvedic treatment seems to be promising in the management of sSS (associated with RA) without causing any adverse effects. The diagnosis and management protocol of 'Amavata' is suitable for the patients of sSS (especially when SS is associated with RA).

## CONCLUSION:

'Trishna' mentioned in 'Amavata' seems similar to 'xerostomia' or 'sicca' of Sjögren's syndrome. The diagnosis and line of treatment of 'Amavata' is suitable to manage the condition of 'Secondary Sjögren's Syndrome' (sSS) especially when it is associated with 'Rheumatoid Arthritis'. Ayurvedic treatment is promising to manage Sjögren's syndrome and its complications.

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