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## **Ayurvedic approach in the management of Henoch–Schönlein Purpura (HSP): A single case study**

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**Abstract**---Background: *Henoch-Schonleinpurpura (HSP)* is an acute, systemic, immune-complex-mediated, leukocytoclastic vasculitis characterized by a triad of Palpable purpura (without thrombocytopenia), Abdominal pain and Arthritis. Most patients have an antecedent upper respiratory illness. More than 90% of *HSP* cases occur in children younger than 10 years; however, adults with this condition are more likely to experience complications than children. All patients with *HSP* develop a Purpuric Rash, 75% develop Arthritis, 60-65% develop Abdominal pain, and 40-50% develop Renal disease. The signs and symptoms of *HSP* can be related to *Rakta Pradoshaja Vyadhis* in Ayurveda. The intake of *rakta pradoshaja* nidanas and *pitta prakopa* nidanas (aharas and viharas) eventually leads to the progression of the disease pathology. The patient often presents with symptoms like *vyanga* (pigmentation), *daha* (burning sensation),

*kandu*(itching), *rukshata*(dryness), *raga*(redness) over skin, *udarashoola* (colicky pain) and *sandhi vedana*(joint pain) . Aim: To evaluate the role of Ayurvedic management of *HSP* (*Raktapradoshajavyadhi*) and to demonstrate how *Panchakarma* treatments maybe effective in managing auto-immune disorders like *HSP*. Materials & methods :In this case study a female subject aged 13 years diagnosed of *HSP* was treated with *Panchakarma* treatments (*Bahir-parimarjana* and *Antah-parimarjanachikitsa*) over a period of 7 days and results were observed. Results: Striking and noteworthy changes in the symptoms were observed by Ayurvedic management.

**Keywords**--HSP, Rakta Pradoshajavyadhi, Rakta, autoimmune disease, Pitta, Panchakarma.

## Introduction

The Raktadhatu ,second among the Sapta dhatus<sup>[1]</sup>, which is produced from the prasadabhaga of Rasa dhatu exhibits Gunas (properties) similar to that of Pitta Dosh<sup>[2]</sup>. This includes properties like sneha, usna, tikshna, drava, sara<sup>[3]</sup>etc and is of Agni<sup>[4]</sup> and Jala mahabhuta predominance. Raktadhatu resembles to that of blood in all respects as it is the fluid component that circulates all over the body through heart and vessels and nourishes each cell, tissue and organ of the body. Owing to its vital role and physiological importance, Rakta has been designated as the Fourth Dosha by Acharya Susruta<sup>[5]</sup> apart from the three doshas Vata, Pitta and Kapha and Raktamokshana as one among the Panchashodhana<sup>[6]</sup>. Rakta plays a vital role in the sustenance of Prana. Rakta is thus one among the Ten Pranayatanas<sup>[7]</sup>.

Rakta in its normal state and flowing through the siras strengthens the other dhatus of the body, improves complexion, aids the organ of touch in the proper perception of the receptors and produces other functions characteristic of it in the body. Flowing through them in a vitiated condition begets diseases which are due to the vitiation of the blood. The diseases caused by the vitiation of blood is collectively termed as Raktapradoshaja vyadhis. In Samhitas, Charaka explained the Raktapradoshaja vikaras in two places of sutrasthana, ie, Vidhisonitiya Adhyaya<sup>[8]</sup> and Vividhasitapitiya Adhyaya<sup>[9]</sup>. Susruta listed Raktapradoshaja vikaras in Vyadhisammudesiya Adhyaya<sup>[10]</sup>. Though Vagbhata has not mentioned dhatupradoshaja vikaras separately but the diseases explained in Siravyadhavidhi Adhyaya has close similarity to the raktapradoshaja vikaras enlisted by Charaka and Susruta. Though Vata, Pitta, Kapha has a capacity to vitiate Raktadosha but Pitta has more affinity towards Rakta because of the Asrayasrayee bandha Dosha (Pitta) and Dhatu (Rakta). So in case of Raktapradoshaja vikaras there is a definite role of Pitta, in the vitiation of Raktadhatu. The nanatmaja vyadhis mentioned by Charaka <sup>[11]</sup> has a close parallence with the vyadhis explained as Shonitaja rogas.

## **Epidemiology**

Henoch- Schonlein Purpura occurs in approximately 10 to 22 persons in 100,000 each year. It is most commonly seen from late autumn to early spring, but it may occur at any time. More than 90% of the patients are children younger than 10 years, with a peak incidence at six years of age. However it is also seen in infants, adolescents and adults. Henoch- Schonlein Purpura is milder in infants and children younger than 2 years. It is more severe and more likely to cause long-term renal diseases in adults. Henoch- Schonlein Purpura is the most common vasculitis in children and slight predominance in males (M : F = 1.2 : 1.0).

## **Pathophysiology**

Antigen and antibody complexes, mostly IgA, form as a result of bacterial and viral infections, vaccinations, drugs, and autoimmune mechanisms. These antigen- antibody complexes deposit in small vessel walls and activate the alternate complement pathway which leads to neutrophil accumulation resulting in inflammation and vasculitis without a granulomatous reaction. This can involve multiple systems including skin, gastrointestinal tract, kidney and joints but it can involve any organ system. Vasculitis causes extravasation of blood and its components into the interstitial spaces resulting in edema and haemorrhage. Sometimes, high ASO titres, streptococcal infections may play a role in initiating the HSP cascade. The IgA immune-mediated complexes when deposited in smaller blood vessels causes petechiae and palpable purpura, when immune-complexes occur in smaller vessels of intestinal wall, gastro-intestinal haemorrhage may develop, if they effect the renal mesangium may produce mild proliferative to severe crescentic glomerulonephritis. Group-A streptococcus has been found in the cultures of more than 30% of the children with HS Nephritis. Other postulated viral and bacterial triggers of HSP includes Parovirus B19, Bartonellahenselae, H.pylori, Haemophilus parainfluenza, Coxsackie virus, adenovirus, hepatitis A and B virus, mycoplasma, Epstein-Barr virus, varicella, campylobacter, methilin- resistant Staphylococcus aureus.

## **Clinical features**

HSP is characterised by a classic tetrad of nonthrombocytopenic palpable purpura, arthritis or arthralgias, gastrointestinal and renal involvement and rarely other systems (lungs, central nervous system, genito-urinary tract). Cutaneous involvement is the most common presentation, although subjects may present with other organ systemic involvement as well.

## **Differential diagnosis**

Children (less than 17 years of age) presenting with palpable purpura and multi system involvement (GI, Kidney and Joints) without thrombocytopenia may be diagnosed as HSP. The differential diagnosis includes conditions such as Crohn's disease, Wegener's granulomatosis, infective endocarditis, IgA nephropathy, Hemolytic uremic syndrome. Hypersensitivity vasculitis can present as leukocytoclastic vasculitis involving the skin (palpable purpura) and rarely the

gastrointestinal tract, but unlike HSP, IgA deposition is not seen. In Crohn's disease and IgA nephropathy, there is no palpable purpura.

## Materials and Methods

### Case Report

A 13 year old girl consulted at the Out Patient department [Panchakarma] of our hospital ,presented with a one day history of fever. After a day she had erythematous pruritic rash which began as a papule which progressed proximally from feet to thighs and then to the upper extremities excluding palms and soles of feet. There was no truncal involvement. This was not associated with burning sensation or discharge or edema. Two days later she developed abdominal pain involving the right and left quadrant which was constant and colicky in nature 10/10 in intensity, not associated with watery stools or vomiting, followed by arthralgia with an intensity (10/10). The purpuric rash was non blanching and non tender. Laboratory tests showed Hb: 13.4g%, WBC: 12,400 cells/cmm, ESR: 12mm/hr, RBC: 5.09 million/cmm, Platelets: 4.67 lakhs/cmm, pcv:42.1%, mcv: 82.7, mch:22.5, mchc: 33.3%, Blood urea: 14mg/dl, ser.creatinine: 0.7mg/dl, HIV: negative, FBS:72 mg/dl, HbsAg: negative, Urine analysis: no hematuria or proteinuria.

Her personal history shows unaltered bowel and appetite, disturbed sleep due to itching and occasional abdominal pain at night after intake of food. Her diet history shows intake of plenty of raw mangoes, pickle , salted munchies like peanuts, potatoes, vangi bath (Brinjal rice), occasionally curd and curd rice. She was a kapha and pitta prakriti from Anupa sadarana desha, with madhyama samhanana, madhyama sara, sama pramana, madhyama satva, madhyama satmya, vishamaagni, madhyama koshta and madyama bala.

### Treatment Plan

Table 1: Treatment from dt.02/08/21 to 09/08/21

DATE	PROCEDURE	MEDICINE WITH DOSE
02/08/21	Sarvanga Abhyanga	Nalpamaradi Taila
	Sarvanga Kashaya Parisheka	Aragwadha Patra
	MatraBasti	Mahatiktaka Ghrta 80ml
	L.S. Vati	2 Tabs Tid B/F
04/08/21 to 09/08/21	NiruhaBasti (3n)	Honey:100g, Saindhava:6g, MahatiktakaGhrta: 80ml, Guduchi+Yashtimadhu Kalka 15g Each Panchavalkala Kwatha + Rose Petal Ksheerapaka: 350ml
	Anuvasana (5a)	MahatiktakaGhrta 80ml

Table 2: Discharge medicines

MEDICINE	DOSE	ANUPANA
KamadugdaMukta	2 Tabs Bd B/F	Luke Warm Water
AvipattikaraChurna 100g + PravalaBhasma 10g Mixture	Half Tsp Bd B/F	Honey
Sarivadyasava	15ml Bd A/F	Luke Warm Water
Aloe Vera Gel	Q.S., Ext app	
KumkumadiTaila	Q.S , Local/app	

**Advice given**

- Suggested dietary and life style corrections.
- Avoid regular intake ofvirudhahara, junk/fast foods, raw mango, brinjal, raddish, curd, sprouts, non-veg, egg, spicy, salty, oily and sour food items and drinks.
- Have plenty of veggies, greens.
- Take plenty of fluids.
- Take adequate sleep.
- Follow up in opd after one month.



Fig 1: clinical picture of palpable purpura involvement of lower extremities



Fig 2: clinical presentations of palpable purpura involvement of upper extremities

## Results and Discussion

According to Ayurveda, HSP, is caused due to the faulty life style and faulty dietary habits which leads to altered state of Agni (bio-fire) and thereby sluggish functioning of Agni (Mandagni). This inturn leads to impairment of kaphadosha and thus produces Ama (unmetabolised toxin). This malarupi kapha (ama) provokes the Rakta , gets vitiated and thereby circulates all over the body. Wherever it stays, it produces different diseases. If in twakit manifests skin diseases like kushta, visarpa, pidaka, vidradhi, nilika, kamala, vyanga, pipilu, tilakalaka, dadru, charmadala, svitra, pama, kotha, asramandala<sup>[12]</sup>. Acharya charaka has mentioned in Sutrasthana a list of food articles that should not be consumed daily or regularly as it leads to most of the above mentioned diseases. Those are dried meat, dry vegetables, lotus rhizomes and stalks, meat of a diseased animal, boiled buttermilk, inspissated milk, red meats like pork, beef, buffalo, fish, curd, masa and yavaka<sup>[13]</sup>. He opines that one should take such foods regularly which is conducive to the maintenance of good health and prevents the attacks of the diseases in future. The idea underlying the prevention of diseases is that one should take food and observe regimen with due regard to seasonal propriety so that the food taken and the regimens observed, alleviate such of the dosas as are liable to be aggravated due to seasonal effects.

Nalpamaradi taila<sup>[14]</sup> is commonly used for the treatment of skin diseases. It has anti-pruritic and soothing action. So it gives relief from itching, burning sensation and prickling sensation occurring on the skin. In skin diseases, it helps to repair the affected skin and promotes healing of skin lesions. It also exhibits anti-oxidant properties which helps in maintaining normal skin pH, texture and turgidity. It is generally used to treat pruritis, scabies, dermatitis, erysipelas, herpes, eczema, acne. Its also beneficial in treating skin allergies and fungal infections of the skin. Aragwadhapatra<sup>[15]</sup> is of sheetaveerya and balances vitiated kapha and pitta. It relieves koshtagataama and thereby detoxifies digestive tract when taken internally and externally relieves shakhagata ama and clarifies skin. Its leaves possess phytochemical ingredients like tannin, glucosides, rhein and sennosides. In the brhatrayees , it has been addressed under Kushtagna and Kandugna group. Here Parisheka is done with Kashaya prepared out of Aragwadhapatra.

Therapeutically Mahatiktaka ghrta<sup>[16]</sup> is useful for skin diseases like Eczema, syphilis, leprosy, erysipelas, chronic ulcer, leukoderma and herpes. It provides relief from rashes, inflammation, pain, boils and any kind of pus discharge along with other symptoms. The classical reference is given in Bhaishajyaratnavali kushtaadhikaram<sup>[17]</sup> and in Ashtanga Hridaya kushtachikitsa<sup>[18]</sup>, it basically calms deranged vata and pitta. Ksheerabastis<sup>[19]</sup> are mrdu niruhabastis indicated in sukumaras, who are exhausted by work and for those whom vamanadi karmas are contraindicated. Clinically ksheerabastis are found useful in diseases like SLE (Systemic Lupus Erythematosis), Ankylosing spondylitis, Rheumatoid Arthritis and other Vata Rakta spectrum of disorders. The ksheerakashayas has to be prepared with corresponding Vata Raktagna drugs. Its found very effective in Auto immune disorders. Ksheerabasti is specially mentioned in Vatarakta chikitsa. Rose petals<sup>[20]</sup> are found to have anti-spasmodic, analgesic, anti-inflammatory, antiseptic, anti-bacterial and cleansing actions and is astringent and blood tonic

as well. The key components includes volatile oils and vitamins like A,B,E,K , Potassium and Iron. At the time of discharge, medicines which alleviate pitta and rakta and purifies rakta are wisely choosed and adviced.

### Conclusion

The case report is a documented demonstration of successful management of Henoch Schonlein Purpura with only Ayurvedic medicinal intervention. Neither antibiotics nor steroids were administered during the whole treatment phase. Remarkable changes were observed from 5 th day of treatment in the symptoms like itching reduced, rashes started disappearing, abdominal pain and joint pain reduced . the overall general health of the subject was improved This case study itself is an eye opener , which proves the authenticity of Ayurvedic Panchakarma chikitsa and superiority of Basti karma (medicated enema) over all other therapeutic measures on account of its various actions like Samsodhana (cleansing), Samsamana (dosa balancing) or Samgrahana (retaining and absorbing) of doshas based on the properties of drugs used for it. It might be the reason why Acharya Kashyapa<sup>[2]</sup> equated Basti Karma as 'Amrtam' , (nectar) due to its wide application even in infants and aged.

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