



ijapc

E ISSN 2350 0204

www.ijapc.com

VOLUME 12 ISSUE 3

MAY 10, 2020

GREENTREE GROUP
PUBLISHERS





Understanding Undifferentiated Connective Tissue Disorder and an Ayurvedic Approach with *Shamana Chikitsa* - A Review

Sreeja Sreekumar^{1*} and Ravi Varma Raja H²

¹Ahalia Ayurveda medical college, Palakkad, Kerala, India

²S.D.M college of Ayurveda, Hassan, Karnataka, India

ABSTRACT

Vatarakta is a disease that has evoked controversies in the current clinical practice as to which of the conditions or diseases are linked to the term under discussion. Ayurveda Samhita has classifications of *vatarakta* based on the *dosha pradhanyata* as well as on the basis of the progression of the disease. But trying to narrow down the disease *vatarakta* to a specific disease in modern science is impossible. Auto immune disorders such as UCTD can be considered as a variation of *vatarakta*. One such disease is undifferentiated connective tissue disorder (UCTD). Variations in lifestyle factors predominates in the causative factor of *vatarakta*. It includes the diet which is rich in *dhanya*, *mamsa*, *madya* and a sedentary life style that is prevalent in the society. These contribute just not to an increase in body mass index and to the development of the metabolic syndrome, but to the development of diseases like *vatarakta* also. Treatment strategies includes the 2 basic types of *chikitsa* i.e *shamana* and *shodhana*. Many effective formulations that comes under the *shamana chikitsa* can be used for managing *vatarakta* or undifferentiated connective tissue disorder.

KEYWORDS

Vatarakta, Undifferentiated Connective Tissue Disorder



Greentree Group Publishers

Received 21/04/20 Accepted 01/05/2020 Published 10/05/2020



INTRODUCTION

The characteristics of immune system is to avoid self-inflicted inflammatory response. It creates an inflammatory response to non self. This recognition capacity of the immune system plays an significant role in the behavioural pattern of the T and B cells. The feature of an autoimmune disorder lies in the tissue injury that is caused by immune reaction of the organism against its own cells ¹.

Different diagnostic criteria for auto immune disorders have been formulated. There are subjective variations identified. Hence the criteria is divided into major criteria and supportive evidence. Systemic autoimmune disorders like rheumatoid arthritis, SLE, Sjogren's syndrome has symptoms that lacks a vivid description. UCTD is defined as a condition that does not classify the criteria of rheumatoid arthritis, SLE, Scleroderma, Sjogren's syndrome and other systemic autoimmune conditions. Most of the patients presents with a few of the symptoms of the above mentioned disorders.

Vatarakta afflicts the *raktavaha srotas* and the *dooshya* is *rakta* as expounded by Acharya and also on reviewing the *samprapti* of the disease. Multitude of classifications based on the predominance of *dosha*, *dooshya* and also according to the

chronicity are available in the scriptures. The symptoms of *vatarakta* at different stages of the disease coincides with the various symptoms of auto immune disorders. The diagnostic criteria of *vatarakta* is closely related with the symptoms it exhibits ².

Vata and *rakta* when in its morbid state simultaneously leads to the development of *vatarakta*. UCTD is a disease that can be considered as *gambhira vatarakta* with either the predominance of *vata* or *rakta* owing to its symptoms. It may be hence considered as *vata pradhana gambhira vata rakta* or *raktapradhana gambhira vata rakta*.

NIDANA/ ETIOLOGICAL FACTORS

There are various factors including the diet and lifestyle that owes to the development of the disease as per the Acharya. Sedentary life style along with consumption of food consisting of excessive salt and sour tastes, high fat content food, day time sleep and unwholesome food consumption are some of the factors that vitiates *rakta*.

Consuming food that increases the *ruksha guna*, erratic food patterns where avoiding the intake of food or consuming less quantity of food, travelling long distances and excessive indulgence in activities leads



to the aggravation of *vata dosha*. Together with the vitiated *vata* and *rakta* the disease *vatarakta* is developed³.

Body contains polyreactive autoantibodies that can recognise many factors. Expression of these antibodies may be tipped off by any of those factors. Autoreactivity is limited to an extent, but inciting factors paves way for exponential increase of the pathological process. A single mechanism cannot explain the different manifestations of autoimmune disorders like UCTD. Aging, gender variations, environmental contacts, exposure to specific triggering agents and genetic background are also considered in the development of autoimmunity⁴.

SAMPRAPTI

The aggravated *vata* loses its normal function and acquires the morbid status. Similarly the morbid *rakta* functions pathologically rather than maintaining its physiological function. Morbid *Vata* and *rakta* forms a pathological entity known as *avarana*. This leads to the further vitiation of the functional aspects of the *dosha* and *dooshya*. Thus the disease called *vatarakta* develops⁵.

Dysfunction of the physiological process of immunity leads to the development of autoimmune disorders like UCTD. Usually abnormal immune responses require exogenous factors like microbial

superantigenic stimulation, adjuvancity, or molecular mimicry. Autoimmunity may also be elicited by endogenous factors. It may include apoptotic materials. Factors such as cytokine production and imbalance, increased activity of antigen presenting cells and alteration of self antigen is a variation from normal physiology. Thus the morbidity of the *dosha* and *dooshya* are causing pathological diseases such as UCTD⁶.

CLINICAL FEATURES/ ROOPA

Vatarakta as a disease exhibits symptoms that are specific to *dosha* predominance or stage of the disease. The symptoms may be expressed in the lowerlimbs, upperlimbs, the interphalangeal joints, in any specific joint or in all the joints. On considering the UCTD with *vatarakta*, symptoms such as skin discolouration, pain predominance and tenderness on activity, symptoms of *uttana vatarakta* can be taken under consideration. Inflammatory swelling, skin discolouration and excruciating pain of *gambhira vatarakta* are a few of the symptoms in relation with UCTD.

Pain, swelling and deformity of the joints as in *vataja vatarakta* and *raktaja vatarakta* along with variations in colour of the skin again can be considered as the symptoms of UCTD.



Comparison of symptoms of UCTD and vatarakta

Arthralgia– *Shoola, toda, ruk*

Inflammation due to Arthritis – *shotha*

Deformity due to arthritis- *sankocha of anguli & sandhi*

Raynauds phenomenon- *shyavata, tamra* discolouration

These symptoms exhibited will have variations in presentation. Hence care has to be taken for a proper diagnosis. Serologic markers such as RA factor, Anti CCP, ANA and CRP may be used as an aid for the diagnosis along with clinical symptoms.

CHIKITSA/ TREATMENT

Treatment of autoimmune disorders

Treatment of autoimmune disorders narrows its focus on suppression of auto immunity, restoration of normal regulatory mechanisms or the inhibition of the regulatory mechanisms. The most widely used method of treatment aims at immune suppression. Therapies that prevent damage of organs and also restricts failure of multi systems remains an important treatment approach to auto immune diseases such as UCTD⁷.

Vata rakta chikitsa

Chikitsa is defined as *vyadhiharana* or *ruk pratikriya*. There are other definitions which gives the meaning of alleviating the

disease and breaking the structure of disease pathology.

Treatment has been categorized into two types⁸. They are

- a. *Shodhana*
- b. *Shamana*

Shodhana is preferred in *bahudosha avastha*. Those who are not able to undergo the *shodhana, shamana chikitsa* has to be done.

The final aim of the treatment should be *vikara upashamana* and a physician should strive to achieve that aim.

Some of the *shamana oushadi* mentioned in the classics are

Kashaya^{9,10,11}

- *Balaguduchyadi Kashaya*
- *Guduchyadi kashaya*
- *Amrutothara kashaya*
- *Kokilaksha kashaya*
- *Maharasnadi kashaya*

Ghrita

- *Jeevaniya ghrita*
- *Draksha ghrita*

Taila¹²

- *Amrutadi taila*
- *Eranda taila*
- *Madhuyastyadi taila*
- *Ksheerabala taila*
- *Pinda taila*

Vati^{13,14}

- *Kaisora guggulu*



- *Amrita guggulu*

Rasayana

- *Guduchi rasayana*
- *Ksheerabala taila as rasayana*

CONCLUSION

UCTD is a condition which can be approached based on the symptomatology mentioned in the scriptures for understanding a disease as well as for treatment. Although there are various medications or formulations, the medications best suited for the disease has to be advocated. The medications can be continued till the symptoms subside. If the symptoms reoccur as *vatarakta* can become a chronic disease, the medications can be continued for longer durations as the situation demands. Disease modifying medications which provides symptomatic relief with no untoward effects is the aim of *shamana* therapy in UCTD.



REFERENCES

1. Fauci, Braunwald, Kasper, Hauser, Longo, Jameson, Loscalzo et al. Harrison's Principles of Internal Medicine. Vol 2. 17th ed. New York: Mc Graw-Hill Medical Publishing division; 2008. pp.2739. p.2071.
2. Agnivesha. Caraka Samhita. Vaidya Jadavji Trikamji Acharya, Editor. Varanasi: Chaukhamba Surbharathi Prakashan; 2013. pp.738. p.627.
3. Susruta. Susruta Samhita. Vaidya Yadavji Trikamji, Editor. Varanasi: Chaukhamba Sanskrit Sansthan; 2012. pp.824. p.337.
4. Fauci, Braunwald, Kasper, Hauser, Longo, Jameson, Loscalzo et al. Harrison's Principles of Internal Medicine. Vol 2. 17th ed. New York: Mc Graw-Hill Medical Publishing division; 2008. pp.2739. p.2072.
5. Agnivesha. Caraka Samhita. Vaidya Jadavji Trikamji Acharya, Editor. Varanasi: Chaukhamba Surbharathi Prakashan; 2013. pp.738. p.628.
6. Fauci, Braunwald, Kasper, Hauser, Longo, Jameson, Loscalzo et al. Harrison's Principles of Internal Medicine. Vol 1. 17th ed. New York: Mc Graw-Hill Medical Publishing division; 2008. pp.2739. p.2071.
7. Fauci, Braunwald, Kasper, Hauser, Longo, Jameson, Loscalzo et al. Harrison's Principles of Internal Medicine. Vol 2. 17th ed. New York: Mc Graw-Hill Medical Publishing division; 2008. pp.2739. p.2074.
8. Vagbhata. Ashtanga Hridaya. [Dr. T. Sreekumar, Trans]. Vol 1. Thrissur: Harisree hospital publications; 2017. pp.392. p.317
9. K.V.Krishnan Vaidyan. S.Gopala Pillai. Sahasrayogam. Sujanapriya Commentary. 29th ed. Alappuzha: Vidyarambham Publishers; 1974 . pp.635. p.31
10. K.V.Krishnan Vaidyan. S.Gopala Pillai. Sahasrayogam. Sujanapriya Commentary. 29th ed. Alappuzha: Vidyarambham Publishers; 1974 . pp.635. p.32
11. K.V.Krishnan Vaidyan. S.Gopala Pillai. Sahasrayogam. Sujanapriya Commentary. 29th ed. Alappuzha: Vidyarambham Publishers; 1974 . pp.635. p.93
12. K.V.Krishnan Vaidyan. S.Gopala Pillai. Sahasrayogam. Sujanapriya Commentary. 29th ed. Alappuzha: Vidyarambham Publishers; 1974 . pp.635. p.367
13. K.V.Krishnan Vaidyan. S.Gopala Pillai. Sahasrayogam. Sujanapriya Commentary. 29th ed. Alappuzha: Vidyarambham Publishers; 1974 . pp.635. p.181
14. K.V.Krishnan Vaidyan. S.Gopala Pillai. Sahasrayogam. Sujanapriya Commentary. 29th ed. Alappuzha:



Vidyarambham Publishers; 1974 . pp.635.

p.184