

EFFICACY OF ROSE-PETAL KSHEER BASTI IN MANAGEMENT OF HENOCH-SCHONLEIN PURPURA - A CASE REPORT

*¹Sumeet Saini and ²Ashvini Kumar M.

¹PG Scholar, and ²Professor and HOD)

Department of Panchakarma, Sri Dharmasthala Manjunatheshwara Ayurvedic Medical College and Hospital, Hassan, Karnataka, India.

Article Received on
05 September 2022,

Revised on 26 Sept. 2022,
Accepted on 16 Oct. 2022

DOI: 10.20959/wjpr202215-25801

*Corresponding Author

Dr. Sumeet Saini

PG Scholar, Department of
Panchakarma, Sri
Dharmasthala
Manjunatheshwara
Ayurvedic Medical College
and Hospital, Hassan,
Karnataka, India.

ABSTRACT

Introduction: Henoch-Schonlein purpura (HSP) is a systemic, nongranulomatous, small vessel vasculitis with multiorgan involvement that is self-limited. Present case is of a Girl aged 13 years suffering from small vessel vasculitis from the last 10 days. **Main Clinical findings:** The patient had bright red palpable purpura with petechiae on bilateral lower limb and lateral aspects of bilateral arm. In the last 10 days' patient had taken allopathic treatment but lesions did not respond well to the current treatment so the patient approached for *Ayurvedic* treatment. **Diagnosis:** The *Ayurvedic* diagnosis of the case was established as *Raktapradosja vikara*. **Interventions:** Patient was treated with *Sarvanga Abhyanga* (whole body massage) followed by *Parisheka* (sluicing using mug) with *Aragavadha Patra Kashayam* for 9 days. Rose petal *Ksheer niruha basti* (enema with decoction) with

Mahatiktak Ghrita (Ghee) *Anuvasana basti* (enema with ghee) for nine days in *Kala basti karma* (nine days' order of enema) was administered. The *Ayurvedic* oral drugs *Laghu Sutshekar rasa* 500mg, *Kamdugdha Mukta* 500mg, *Avipattikar Churna*(100gm) along with *Praval Bhasma*(10gm) mixed together and given in dose of 3gm twice with honey before food, *Sarivadiasava* 15ml with equal lukewarm water twice a day. *Nalpamaradi taila* for external application was given for 15 days during the follow up period. **Outcomes:** Skin lesions were completely resolved during the course of treatment and there was no relapse during the follow up period of 15 days. **Conclusions:** The case study demonstrate that HSP can be successfully treated with *Panchakarma* procedures and *Ayurvedic* drugs.

KEYWORDS: *Ayurveda*, Henoch-Schonlein purpura, *Raktapradoshaj Vikara*, HSP, Case Report.

1. INTRODUCTION

Henoch-Schonlein purpura (HSP) is a systemic, nongranulomatous, small vessel vasculitis with multiorgan involvement that is self-limited. Its cause is unknown, however it has been linked to bacterial, viral, and parasite infections, medicines, vaccination, cancers (non-small cell lung cancer, prostate cancer, and haematological malignancies), alpha-1-antitrypsin deficiency, and familial Mediterranean Fever. Antigen and antibody complexes, primarily IgA, develop in response to bacterial and viral infections, vaccines, medicines, and autoimmune processes. These antigen antibody complexes attach to the walls of tiny vessels and activate the alternative complement pathway, causing neutrophil buildup and inflammation without a granulomatous reaction. Extravasation of blood and its components into the interstitial spaces is caused by vasculitis, resulting in edoema and bleeding.^[1] In children, HSP is the most common form of systemic vasculitis. HSP affects 6–22 per 100,000 person-years in children, which is higher than the 3.4–14.3 per 100,000 person-years in adults.^[2] There is a slight male predominance in the incidence rate (M: F = 1.2: 1.0). The peak age of onset is 4–6 years, and 90% of HSP cases occur before the age of ten. Afro-Caribbeans have the lowest incidence worldwide, while Asians have the highest.^[3] Henoch-Schönlein purpura is a self-limiting illness that normally clears up in 6 to 8 weeks, but problems can develop. Despite the fact that nothing is known regarding disease-modifying treatment for HSP, corticosteroids have been suggested due to their immunosuppressive qualities and their usage in the treatment of other paediatric vasculitis.^[4] *Ayurvedic* diagnosis for the case was considered as *Raktapradoshaj Vikara* (disease due to vitiation of blood) and was treated on *Ayurvedic* line of management.

2. Patient information

13-year-old girl consulted Outpatient department of *Panchakarma* of Hospital on 2nd August 2021 for complaints of bright red petechiae over bilateral lower limb and lateral aspect of bilateral arm which occurred 10 days back on 25 July 2021 following fever for 2 days. Patient consulted some allopathic hospital and was diagnosed as Henoch-Schonlein purpura by the dermatologist and was hospitalized and treated with Inj. Dexona, Inj. Amikacin 500mg along with Inj. Pantop 40mg for 5 days and on discharge was advised to prednisolone 10mg BD and multivitamin syrup 5ml HS for 5 days. Later the patient consulted another hospital in

Bangalore and was again advised with Tab. Prednisolone 2.5mg BD along with Tab. Alergin 2.5mg BD for 5 days. But this treatment failed in meeting the expectations of the patient.

Clinical findings

Patient was having *Madhyam Sara* (moderate body tissue), *Madhyam Smahanana* (moderate body built), *Madhyam Vyayamshakti* (moderate capability to carry on physical activities), *Madhyam Aharshakti* (medium food intake) and *Madhyam Jaranshakti* (medium Digestive power).

The examinations of the cardiovascular, respiratory, neurological, musculoskeletal, and genitourinary systems were all normal. Skin examination showed bright red palpable purpura with petechiae on both lower limb [fig. 1] and on lateral aspect of both upper arms.

Laboratory Investigation findings showed Hb – 13.3 g/dl, ESR – 26 mm/hr, blood Urea 28.6mg/dl, Serum creatinine 0.54 mg/dl, Uric acid 4.3 mg/dl, Serum Alkaline Phosphatase 136 U/L, **Urine analysis** showed pale yellow color with pH 6.5 and specific gravity 1.010, Chemical examination showed negative report for protein/albumin, bile salts, NIL – glucose, ketone bodies, bile pigments and Normal Urobilinogen and Microscopic examination showed no presence of Red blood cells, casts or crystals, with 1-2/hpf of WBC and Epithelial cells **Protein Electrophoresis** report Showed total protein 7.08 g/dl, Albumin 3.71 g/dl, Globulin 3.37 g/dl, Alpha 1 – 0.32 g/dl, Alpha 2 - 0.83 g/dl, Beta – 0.90 g/dl, Gamma – 1.32 g/dl, **IgA** – 333 mg/dl.

3. Timeline

Detail of case study and follow up shown in table 1.

Table No 1: Timeline of case.

23 July 2021	Fever & abdominal pain
25 July 2021	Appearance of petechiae on bilateral lower limb & subsiding of fever
25 July 2021	Consulted allopathic hospital was diagnosed as Henoch-Schonlein purpura was admitted and given IV injections with steroids and Antibiotic for 5 days and on discharge was advised oral intake of steroids and multivitamins for 5 days
30 July 2021	No relief from above treatment consulted another allopathic hospital advised treatment steroids, moisturizer and antihistamines; no relief
2 August 2021	Patient consulted <i>Panchakarma</i> OPD at Hospital and was diagnosed as <i>Raktapradosaj Vikara</i> , admitted under department of <i>Panchakarma</i> for <i>Ayurvedic</i> management
2 Aug - 10 August	All allopathic treatment stopped and <i>Ayurvedic</i> line of management started based upon <i>Raktapradosaj Vikara</i>

10 August 2021	Patient discharged with complete cure from the lesions present on bilateral lower limb at time of admission with oral medicine for 15 days and advised for follow up after 15 days
26 August 2021	No Relapse of any lesions, patient completely healthy
14 March 2022	After 6 month of follow up patient was healthy with no complain of untoward complication

4. Diagnostic focus and assessment

Bright red palpable purpura with petechiae on bilateral lower limb and lateral aspects of bilateral arm appeared following history of two days' fever along with abdominal pain suggestive of HSP. Patient was already diagnosed as HSP by dermatologist at two different Allopathic hospitals. All the symptoms and laboratory investigation were supporting the diagnosis of increased IgA level and ESR, Alpha 1 and Alpha 2 were in normal range but at borderline.

Diseases caused by vitiation of *Rakta dhatu* includes skin diseases like *Visarpa* (ersipelas), *Pidaka* (furuncles), *Raktapitta* (kind of bleeding disorder), *Pidaka* (furuncles), *Nilika* (Blue mole), *Vyanga* (Freckles/blemish)^[5], *Charmadala* (patches over skin), *Vevarynya* (discoloration of skin)^[6] etc. Presentation of HSP was similar to diseases caused by vitiation of *Rakta dhatu* hence, diagnosis of the case was considered as *Raktapradoshaj Vikara*.

5. Therapeutic intervention

The patient was treated on Ayurvedic line of management. For *Raktapradoshaj Vikara* in classical text *Sheetal pradeha* (external application of ointments cold in nature), *Virechan* (purgation), *raktamokshan* (bloodletting) and *Upvasa* (fasting) has been mentioned^[7] Although for *Pitta dosha*, *Virechana* is considered as the best line of treatment however Acharya *Sushruta* says, *Basti* is useful in treatment of vitiated *Vata*, *Pitta* and *Kapha dosha* and even in derangement of *rakta dhatu*.^[8] So based upon nature of the disease and interpretation of nature of medicine a physician has liberty to try hundreds of permutation combinations of *basti yogas*^[9] so here a novel combination of Rose petals and *Panchavalkal Kashaya* {combination of five indigenous plants viz. *Vata* (*Ficus benghalensis*), *Udumbara* (*Ficus racemosa*), *Ashwatha* (*Ficus religiosa*), *Parisha* (*Thespesia populnea*) and *Plaksha* (*Ficus virens*)} powder processed with milk has been considered for *basti* administration. Patient was treated with *Abhyanga* with *Nalpamaradi taila* and *Parisheka* with *Araghwadh patra Kashaya* (leaves decoction) along with Rose petal *Ksheer niruha basti* (enema of milk based decoction) with *Mahatiktaka ghrita* (Ghee) *Anuvasana basti* in *Kala basti karma* was

administered for 9 days [table 2]. The Oral medication *Lagu Sutshekhar rasa* 500mg BD was given along with *panchakarma* treatment for 9 days. At time of discharge patient was advised for 15 days' medicine *Kamdugdha Mukta* 500mg BD, *Avipattikar Churna*(100gm) along with *Praval Bhasma*(10gm) mixed together and given in dose of 3gm twice with honey before food, *Sarivadiasava* 15ml with equal lukewarm water twice a day. *Nalparmadi tailam* for external application. During the whole therapy period, no concomitant conventional medication was given.

Table No 2: Treatment protocol.

Treatment given	Method of preparation	Method of administration	Time period
Sarvang <i>Abhyanga</i> with <i>Nalparmadi taila</i>		Full body massage	2 Aug – 10 Aug
<i>Parisheka</i> with <i>Aragvadha patra kashya</i>		Dousing over full body	2 Aug – 10 Aug
Rose petal <i>ksheera basti</i>	<i>Anuvasana basti</i> with <i>Mahatiktaka ghrita</i>	Afternoon just after lunch	2 Aug – 10 Aug (9 in No.)
	<i>Niruha basti</i> with Honey -100ml, <i>Saindhav</i> -6gm churned properly then add <i>Sneha</i> (<i>Mahatiktak ghrita</i> -80ml), followed by <i>kalaka</i> (paste) of <i>guduchi</i> (<i>Tinospora cordifolia</i>) and <i>yashtimadhu</i> (<i>Glycyrrhiza Glabra</i>) 30gm was added and mixed thoroughly at last <i>Kwatha</i> prepared with Rose petals(<i>Rosa centifolia</i>) & <i>Panchvalkal Ksheerpakka</i> - 350ml was added and mixed well to obtain homogeneous mixture and made lukewarm by indirect heat on hot water	Morning empty stomach	3 Aug - 8 Aug (6 in No.)
<i>Laghu sutshekhar rasa</i>		500mg – 0 – 500 mg (Before food)	2 Aug – 10 Aug

6. follow up and outcomes

Within 9 days of receiving *Panchakarma* treatment, the patient's lesions had healed. [fig. 1 & 2]. After 15 days of follow up recurrence of lesions was not observed and the patient was completely asymptomatic.



Figure 1: Before treatment bright red purpura with petechiae.



Figure 2: Healed lesions after treatment.

7. DISCUSSION

HSP resembles *Raktapradoshaj Vikara* affecting small blood vessels due to vitiation of *Rakta Dhatu*. *Pitta dosha* having similar property as of *rakta* due to *Ashraashriye bhav*.^[10] So general line of treatment of *Pitta dosha* and *Rakta dhatu* is considered viz. *Snehana*, *Parisheka*, *Asthapana*, *Anuvasana* and *sheetal chikitsa* for *Pitta* is followed. *Abhyanga* with *Nalpamaradi taila* is beneficial for *Kandu*, *Visarpa* and *Kustha*.^[11] *Parisheka* with *Araghwadha patra Kashaya* is beneficial for *Kustha*, *Vishma Jwara* (chronic fever), *Kapha*, *Kandu*, and helpful for *Dushta Vrana Vishodhan* (healing ulcer).^[12] Rose petal having *Madhura*, *Tikta*, *kashya rasa* & *Sheeta Virya*, *Tridoshara* property mainly indicated for *Raktapitta* & *Daha*.^[13] *Ksheerpakka niruha basti* as in *Pittaja Vikara* use of *Madhura*, *Sheeta*

& *kheera* is indicated.^[14] *Panchavalkala* has anti-inflammatory agents effective in internal inflammations and helpful in healing all kind of wounds. *Mahatiktaka Ghrita* is beneficial in *Pitta pradhan Kustha* (skin disorders), *Visarpa* (Erysipelas), *Pitika* (pimples), *Raktapitta* (haemorrhagic disorders), *Raktavahinigt Roga* (diseases of blood vessels), *Visphot* (eruption), *Vatarakta* (various rheumatic disorders) it is superior to other *Tiktaka ghrita*.^[15] Most of the drugs of *Laghu Sutshekhar ras Tikta*, *Kashya* and *Madhura ras Pradhan* helps in correcting the vitiated state of *Pitta* by reducing its *Amalata* and reducing *Tikshan guna* of *Pitta* helps in *Prasadan* and *Stambhana* of *Pitta*.^[16] *Avipatkar churna* act as *pitta shamak* as blood have properties similar to that of *Pitta* and *Pravala bhasma* due to its *sheeta veerya* act as *stambhana* and *prasadaka* helpful for *rakta* related disorders. *Kamadugha mukta rasa* due to its *sheeta Veerya* balances *Pitta Dosha*, detoxifies blood, helpful in *Raktasrava* (excessive bleeding). *Sarivadyasava* helpful in all types of *Pedika*, *Prameha*, *Updansh*, *vatarakta* it acts as *RaktaShodhak* (purifying blood) and *raktaprasadaka* (Blood enhancer).^[17] The management strategy of combining *Panchakarma* treatment with *Ayurvedic* oral medicine was proven to be beneficial in reducing the disease's symptoms. During the treatment and follow-up period, no worsening of symptoms or remission of the lesion were detected. There were no side effects in the management, which is unusual for immunosuppressive drugs like steroids. Which is well managed by *Ayurvedic* treatment protocol. Hence it can be concluded that *Ayurvedic* management may be helpful in the management of HSP.

8. CONCLUSION

HSP was successfully treated with *Panchakarma* and *Ayurvedic* medicine, with positive results. To corroborate these findings and demonstrate the role of *Ayurvedic* medicine in the management of HSP, large sample studies are needed.

9. Patient consent Written consent was obtained from the patient.

10. Source of funding None.

11. Conflict of interest None.

REFERENCES

1. Amit B. Sohagia, Srinivas Guptha Gunturu, Tommy R. Tong, Hilary I. Hertan, "Henoch-Schonlein Purpura—A Case Report and Review of the Literature", *Gastroenterology Research and Practice*, vol. 2010, Article ID 597648, 7 pages, 2010.
2. Lei, W. T., Tsai, P. L., Chu, S. H., Kao, Y. H., Lin, C. Y., Fang, L. C., Shyur, S. D., Lin, Y. W., & Wu, S. I. (2018). Incidence and risk factors for recurrent Henoch-Schönlein

- purpura in children from a 16-year nationwide database. *Pediatric rheumatology online journal*, 16(1): 25.
3. Amit B. Sohagia, Srinivas Guptha Gunturu, Tommy R. Tong, Hilary I. Hertan, "Henoch-Schonlein Purpura—A Case Report and Review of the Literature", *Gastroenterology Research and Practice*, vol. 2010, Article ID 597648, 7 pages, 2010.
 4. Bluman J, Goldman RD. Henoch-Schönlein purpura in children: limited benefit of corticosteroids. *Can Fam Physician*, 2014 Nov; 60(11): 1007-10.
 5. Dr. Harishchandra Singh Kushwaha, editor. Commentary Agnivesha of Charaka Samhita, Sutra Sthana. Vividhashitapitiya Adhyaya Chapter 28, Verse 11. Varanasi: Chaukhambha Orientalia, 2018; p. 475.
 6. Dr. Harishchandra Singh Kushwaha, editor. Commentary Agnivesha of Charaka Samhita, Sutra Sthana. Vidhishonitiya Adhyaya Chapter 24, Verse 13. Varanasi: Chaukhambha Orientalia, 2018; p. 333.
 7. Dr. Harishchandra Singh Kushwaha, editor. Commentary Agnivesha of Charaka Samhita, Chikitsa Sthana. VataVyadhiChikitsaadhyaya Chapter 28, Verse 92. Varanasi: Chaukhambha Orientalia, 2018; p. 748.
 8. Dr. kewal krishan thakaral, editor. Commentary Dhalana and Gayadas of Sushruta Samhita, Chikitsa sthana. Netrabasti praman pravibhag chikitsitam vyakhayam chapter 35, Verse 6. Varanasi: Chaukhambha Orientalia, 2019; p. 528.
 9. Dr. kewal krishan thakaral, editor. Commentary Dhalana and Gayadas of Sushruta Samhita, Chikitsa sthana. Niruhakarma chikitsitam vyakhayam chapter 38, Verse 112. Varanasi: Chaukhambha Orientalia, 2019; p. 595.
 10. Dr. Harishchandra Singh Kushwaha, editor. Commentary Sarvansundara and Ayurvedarasayana's kusumprabha of Astangahrdayam sutra sthan, Doshadivigyaniya adhyaya chapter 11, verse 26. Varanasi: Chaukhambha orientalia, 2018; p. 65.20
 11. Dr. K. Nishteswar, Dr. R. Vidyanath, English translation, Sahasrayogam, Parisistha prakarana taila, Nalpamaradi taila. Varanasi: Chowkhamba Sanskrit series office, 3rd edition, 2011; p.406.
 12. Dr. Harishchandra Singh Kushwaha, editor. Commentary Sarvansundara and Ayurvedarasayana's kusumprabha of Astangahrdayam sutra sthan, Shodhanadiganasangraha adhyaya chapter 15, verse 18. Varanasi: Chaukhambha orientalia, 2018; p. 653.
 13. Dr. J.L.N. Sastry, *Dravyaguna Vijanana*, 2nd ed. Varanasi: Chaukhamba orientealia, 2005; P. 749-750.

14. Dr. Harishchandra Singh Kushwaha, editor. Commentary Agnivesha of Charaka Samhita, Siddhi Sthana. Bastisutriya siddhiadhyaya Chapter 3, Verse 69. Varanasi: Chaukhamba Orientalia, 2018; p. 998.
15. Dr. K. Nishteswar, Dr. R. Vidyanath, English translation, Sahasrayogam, Ghrita Prakarana, Mahatiktaka ghrita. Varanasi: Chowkhamba Sanskrit series office, 3rd edition, 2011; p.59.
16. Rastantrasara and Siddha prayoga samgraha, kharaliya rasayana. Ajmer: Krishna gopal Ayurveda bhawan, 16th edition, part 1, 2016; p. 546.
17. Prof. Siddhi Nandan Mishra, editor. Kaviraj Govind das Sen, Bhaisajyaratnavali, pramehapidika: chapter 38 Verse 22-27. Varanasi: Chaukhamba Surbharathi Prakashan, 2021; 722.