RESEARCH PAPER

Clinical Management of Sjögren's Syndrome Via Panchakarma Therapeutics With Special Reference to Vataadhikya Vatarakta: A Case Report

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ABSTRACT

Background: Sjögren's Syndrome is a chronic, systemic autoimmune disorder characterized by exocrine gland dysfunction, predominantly involving lymphocytic infiltration of salivary and lacrimal glands, resulting in xerostomia (dry mouth) and keratoconjunctivitis sicca (dry eyes). In Ayurvedic literature, it lacks a direct single entity correlation; however, analyzing its clinical features through the lens of Ayurvedic pathology points toward Vataadhikya Vatarakta.

Methods: Panchakarma modalities—specifically Akshitarpana with Triphala Ghrita and Basti Chikitsa (Ardhamatrika Niruha Basti & Matra Basti)—offer systemic bio-purification, soothing of dry mucosal passages, and pacification of aggravated Vata and Rakta Dhatu.

Conclusion: Targeted Ayurvedic management through Panchakarma aids in arresting the autoimmune pathogenesis, reducing systemic inflammation, and restoring exocrine functioning to significantly enhance patient quality of life.

Keywords: Sjögren's Syndrome, Vatarakta, Vataadhikya, Akshitarpana, Basti Therapeutics, Panchakarma.

How to cite this article Prof.(Dr)Raja Singla Clinical Management of Sjögren's Syndrome Via Panchakarma Therapeutics With Special Reference to Vataadhikya Vatarakta: A Case Report Int J Drug Deliv Technol. 2026;16(90s): 1433-1337; DOI: 10.25258/ijddt.16.90s.142

Source of support: Nil. ,

Conflict of interest: None

1.INTRODUCTION

A 54-year-old female patient presented to the Outpatient Department (OPD) with a 6-year history of clinically diagnosed Sjögren's Syndrome. The patient reported a progressive worsening of systemic and mucosal dryness, accompanied by musculoskeletal discomfort and constitutional symptoms.

Clinical Manifestations & Symptomatology

1. Ocular Symptoms (*Keratoconjunctivitis Sicca*)

Severe Ocular Sicca: Persistent dryness in both eyes accompanied by a foreign body sensation (grittiness).

Photosensitivity**:** Increased intolerance and sensitivity to bright light.

2. Oral & Glandular Symptoms (*Xerostomia & Exocrine Dysfunction*)

Severe Xerostomia: Marked dryness of the oral cavity requiring continuous liquid intake during meals to facilitate deglutition (swallowing).

Speech Impairment: Need for frequent sips of water during conversation due to dryness of the oral mucosa.

Mucosal & Cutaneous Lesions: Fissuring and painful mucosal cuts observed over the tongue and lips.

Glandular Involvement: Recurrent, bilateral swelling of the parotid glands.

3. Musculoskeletal Manifestations

Polyarthralgia: Persistent, generalized joint pain affecting both small joints (hands and feet bilaterally) and large joints (bilateral knees and wrists). The joint pain persisted throughout most of the day.

Morning Stiffness: Significant stiffness in the involved joints occurring predominantly during the morning hours.

4. Dermatological & Mucosal Features:

Generalized Cutaneous Xerosis: Widespread skin dryness.

Plantar Fissures: Painful hyperkeratotic cuts and fissures on the plantar surfaces of both feet.

Facial Hyperpigmentation: Diffuse blackish discoloration over the facial region.

Alopecia: Diffuse thinning and excessive shedding of hair.

Vaginal Dryness: Mucosal dryness involving the genital tract.

5. Systemic & Constitutional Symptoms:

Thermosensitivity: Pronounced cold intolerance with increased sensitivity to cold draft/environment, accompanied by a subjective sensation of feeling colder relative to heat exposure.

Low-Grade Pyrexia: Evening rise of temperature/feverish sensation.

Chronic Fatigue: Generalized weakness, malaise, and low physical stamina impacting daily activities.

Personal, Family & Medical History

1.**Dietary Habit:** Strictly vegetarian (*Shakaahara*).

2.**Family History:** Non-contributory; no reported family history of autoimmune diseases or connective tissue disorders.

3.**Comorbidities & Medication History:** Known case of Essential Hypertension for which she is currently maintained on Tablet Telmisartan 40 mg once daily (OD). Non-diabetic with no history of major chronic illnesses.
4.**Allergies:** No known drug or environmental allergies (NKDA).

Physical & Systemic Examination
1.General & Vital Examination
Appearance**:** Mild pallor present over lower palpebral conjunctiva; non-icteric; no peripheral edema or cyanosis.
Blood Pressure (BP): 120/70 mmHg (Normotensive on antihypertensive medication).
Pulse Rate: 86 beats/min (Regular rhythm, normal volume).
Temperature: 98.6°F (Afebrile at time of examination).
Respiratory Rate: 20 breaths/min (Thoraco-abdominal pattern).
2.Functional/Physiological Indicators (*Ashta-Vidha / Dashavidha Pariksha* factors)
Appetite (*Agni*): Reduced / Anorexia (*Manda Agni*).
Bowel Habits (*Koshtha*): Constipated with hard stools (*Krura Koshtha*).
Sleep (*Nidra*): Disturbed / Decreased total sleep duration (*Alpa Nidra*).
Micturition: Normal frequency and color; no dysuria.
Gastrointestinal Bleeding: No history of active per-rectal (P/R) bleeding, hematochezia, or rectal prolapse.

Laboratory Investigations
1. Complete Blood Count (CBC)
Haemoglobin (Hb): 8.0 g/dL (Reference Range: 11.0 - 16.0 g/dL) — *Inference: Microcytic Hypochromic Anemia (Mild to Moderate)*
Total Leukocyte Count (TLC): 7,900 /µL (Reference Range: 4,000 - 11,000 /µL) — *Inference: Normal*
Neutrophils: 66.0% (Reference Range: 40 - 70%) — *Inference: Normal*
Lymphocytes: 30.9% (Reference Range: 20 - 40%) — *Inference: Normal*
Eosinophils: 3.1% (Reference Range: 1 - 6%) — *Inference: Normal*
Packed Cell Volume (PCV / Hematocrit): 26.4% (Reference Range: 40 - 50%) — *Inference: Reduced*
Mean Corpuscular Volume (MCV): 74.9 fL (Reference Range: 83.0 - 101.0 fL) — *Inference: Microcytosis*
Mean Corpuscular Haemoglobin (MCH): 22.7 pg (Reference Range: 27.0 - 32.0 pg) — *Inference: Hypochromia*
MCHC: 30.3 g/dL (Reference Range: 31.5 - 34.5 g/dL) — *Inference: Borderline Low*
Red Cell Distribution Width (RDW-CV): 16.1% (Reference Range: 11.6 - 14.0%) — *Inference: Anisocytosis*
Platelet Count: 2,89,000 /µL (Reference Range: 1,50,000 - 4,50,000 /µL) — *Inference: Normal*
2. Immunological & Serological Markers
Anti-Nuclear Antibody (ANA / ANF) IFA (HEp-2): Positive
Pattern: Nuclear Speckled (AC-2, 4, 5)
Intensity: 1+
Primary & End Point Titre: 1:100
Anti-SSA / Anti-Ro (ELISA): 2.68 Index (Positive; Biological Reference Interval: < 0.80 Index)

2.DIAGNOSIS & CLINICAL CORRELATION
1. Diagnostic Criteria & Modern Diagnosis
The patient's clinical presentation fulfills the 2016 ACR-EULAR (American College of Rheumatology / European League Against Rheumatism) Classification Criteria for Primary Sjögren's Syndrome based on:
Severe Ocular Sicca (*Keratoconjunctivitis Sicca*) with grittiness and photosensitivity.
Severe Oral Sicca (*Xerostomia*) with dysphagia during dry food intake and tongue/labial fissuring.
Serological positivity for Anti-SSA / Anti-Ro (2.68 Index) and Anti-Nuclear Antibodies (ANA IFA Speckled Pattern 1:100).
Recurrent bilateral parotid gland enlargement and systemic exocrine/mucosal involvement (vaginal sicca and plantar skin fissuring).
2. Ayurvedic Pathological Correlation (*Samprapti & Nidana Pariksha*)
In Ayurveda, Sjögren's Syndrome cannot be attributed to a single mono-etiological entity. However, a meticulous analysis of its clinical progression reveals a primary diagnosis of *Vataadhikya Vatarakta*[3] associated with *Udakavaha Sroto-Dushti and Kapha-Pitta Kshaya.*

Correlation of Clinical Symptoms with Classical Ayurvedic *Lakshanas:*

Modern Clinical Manifestation[1,2]	**Classical Ayurvedic Feature / Lakshana**[6]	**Classical Reference & Dosha-Dushya Pathomechanism**
Dryness of Eyes (Xerophthalmia) & Mouth (Xerostomia)	Rukshata (Ocular/Oral sicca) & Talu/Kanthasosha	Aggravation of Ruksha and Khara Gunas of Vata Dosha, causing depletion of local Kledaka Kapha and Tarpaka Kapha in Udakavaha Srotas.
Bilateral Parotid Gland Swelling	Shotha / Granthi Shotha	Vata-Kaphaja Shotha due to obstruction (Sanga) in salivary gland ducts (Srotas) by vitiated Rakta and Mamsa Dhatu.

Polyarthralgia & Small/Large Joint Stiffness	Shoola, Toda, Angagraha, & Sandhi-Sankocha	Classical Vataadhikya Vatarakta features: "Shoola-Sphurana-Todanam... Sandheenaam Sankocho Angagraho Atiruk" (A.H. Nidana 16/13).
Photosensitivity & Low-Grade Evening Pyrexia	Daha, Pitta-Dusthi, & Jwara	Associated Pitta-Anubandha causing Pitta-Vitiation in Rakta Dhatu, producing internal heat sensation (Antardaha).
Facial Hyperpigmentation & Mild Pallor	Shyavata / Krishnata & Panduta	Impairment of Bhrajaka Pitta and Rakta Dhatu Kshaya (Anemia: Hb 8.0 \text{ g/dL}), described as "Shyavata-Krishnata" in Vatarakta.
Cold Intolerance & Thermosensitivity	Sheeta-Dvesha & Sheeta-Anupashaya	Direct classical Vataadhikya Vatarakta symptom: intolerance to cold environment ("Sheeta-dvesha").
Chronic Fatigue & Anorexia	Gaurava, Aruchi, & Dhatvagnimandya	Accumulation of Ama (autoimmune circulating complexes) impairing Rasavaha Dhatvagni.

3.TREATMENT PROTOCOL

The patient was admitted to the In-Patient Department (IPD) of the Panchakarma Department from 01st October 2026 to 22nd October 2026 (a total duration of 22 days). Based on the disease stage (Vataadhikya Vatarakta with Kapha Kshaya and Udakavaha Sroto-Dushti), a structured multi-dimensional Panchakarma therapeutic regimen was planned and executed.

Therapeutic Rationale & Interventions

Akshitarpana Therapeutics

Procedure: Akshitarpana (Ocular Tarpana / Retention of Medicated Ghee)

Drug Used: Triphala Ghrita

Duration: 10 consecutive days (01st Oct 2026 to 10th Oct 2026)

Rationale: Triphala Ghrita possesses Chakshushya (vision-restorative), Tridoshahara (predominantly Vata-Pitta Shamaka), and Snehana-Ropana (lubricating and mucosal healing) properties. It acts locally on the lacrimal apparatus, mitigating dryness (Rukshata), corneal fatigue, and inflammation associated with Keratoconjunctivitis Sicca.

External Snehana Therapy

Procedure: Sarvanga Abhyanga[5] (Full-body therapeutic massage)

Drug Used: Dhanwantaram Taila

Duration: Last 10 days of admission (13th Oct 2026 to 22nd Oct 2026)

Rationale: Dhanwantaram Taila is a classical Vata-hara formulation indicated in neuro-musculoskeletal and rheumatic conditions (Vatarakta). Sarvanga Abhyanga softens body tissues, enhances cutaneous microcirculation, pacifies aggravated Vata, and relieves joint stiffness (Stambha) and musculoskeletal pain (Shoola).

Basti Therapeutics [4](Enema Therapy)

Initial Phase (Day 1 to Day 14):

Procedure: Matra Basti (Low-dose retention enema)

Drug Used: Murchhita Tila Taila

Duration: 14 consecutive days (01st Oct 2026 to 14th Oct 2026)

Rationale: Direct Snehana via the colorectal route directly acts on Pakvashaya (the primary seat of Vata Dosha), promoting systemic nourishment (Dhatu Tarpana) and relieving chronic constipation (Krura Koshtha).

Advanced Specific Phase (Day 15 to Day 22 – Last 8 Days Schedule):

Pattern: Combined Yoga Basti administration protocol incorporating Ardhamatrika Niruha Basti (decoction enema) and Sahacharadi Anuvasana Basti (unctuous enema).

Breakdown:

Initial 2 Days (Day 15–16): Consecutive Sahacharadi Anuvasana Basti to prepare the bowel (Snehana).

Remaining 6 Days (Day 17–22): Alternate administration of Ardhamatrika Niruha Basti (3 doses total) and Sahacharadi Anuvasana Basti (3 doses total).

Rationale: Ardhamatrika Niruha Basti is specifically indicated in Vatarakta, joint conditions, and Vata disorders to cleanse morbid Doshas without causing tissue depletion, while Sahacharadi Taila strengthens the musculoskeletal framework and alleviates lower limb and joint discomfort.

Daily Treatment Schedule (Day-wise Breakdown)

Day 01 to Day 10 (01 Oct – 10 Oct 2026):

Akshitarpana with Triphala Ghrita

Matra Basti with Murchhita Tila Taila

Day 11 to Day 12 (11 Oct – 12 Oct 2026):

Matra Basti with Murchhita Tila Taila

Day 13 to Day 14 (13 Oct – 14 Oct 2026):

Sarvanga Abhyanga with Dhanwantaram Taila

Matra Basti with Murchhita Tila Taila

Day 15 to Day 16 (15 Oct – 16 Oct 2026):

Sarvanga Abhyanga with Dhanwantaram Taila

Anuvasana Basti with Sahacharadi Taila (Initial 2 consecutive days of specific Basti protocol)

Day 17 (17 Oct 2026):

Sarvanga Abhyanga with Dhanwantaram Taila

Ardhamatrika Niruha Basti [8](Niruha Dose 1)

Day 18 (18 Oct 2026):

Sarvanga Abhyanga with Dhanwantaram Taila

Anuvasana Basti with Sahacharadi Taila (Anuvasana Dose 3)

Day 19 (19 Oct 2026):

Sarvanga Abhyanga with Dhanwantaram Taila
Ardhamatrika Niruha Basti (Niruha Dose 2)
Day 20 (20 Oct 2026):
Sarvanga Abhyanga with Dhanwantaram Taila
Anuvasana Basti with Sahacharadi Taila (Anuvasana Dose 4)
Day 21 (21 Oct 2026):
Sarvanga Abhyanga with Dhanwantaram Taila
Ardhamatrika Niruha Basti (Niruha Dose 3)
Day 22 (22 Oct 2026):
Sarvanga Abhyanga with Dhanwantaram Taila
Anuvasana Basti with Sahacharadi Taila (Anuvasana Dose 5 / Final Day Basti)

4.RESULTS & DISCUSSION:

1. Results (Clinical Outcome Assessment)

Following the completion of the 22-day inpatient *Panchakarma* protocol, the patient demonstrated remarkable symptomatic relief and restoration of functional exocrine capacity. The comparative evaluation of pre-treatment (B.T.) and post-treatment (A.T.) status revealed the following outcomes:

Ocular Sicca (*Keratoconjunctivitis Sicca*): Marked improvement was observed in ocular dryness and gritty sensation, with the patient reporting approximately **90% relief**. Complete resolution of ocular photosensitivity was achieved.

Oral Sicca (*Xerostomia*): Salivary secretions improved significantly, providing approximately **60% relief** in oral dryness. The patient reported a reduced dependency on continuous liquid intake during meals and easier speech without frequent sips of water.

Mucosal & Cutaneous Healing: Painful fissuring, cuts, and erosions over the tongue, lips, and plantar surfaces of the feet showed **100% complete healing**.

Musculoskeletal Manifestations: Complete remission (**100% relief**) was observed in polyarthralgia affecting both small and large joints, alongside substantial relief from morning stiffness.

Constitutional & Systemic Symptoms: Generalized weakness and chronic fatigue decreased by approximately **80%**. The patient reported complete absence of the evening rise of temperature (feverish feeling) and restored daily physical vigor.

Serological Status Note: Following the 22-day inpatient Panchakarma intervention, post-treatment serological evaluation via Anti-SSA (Ro60) antibody testing showed persistent quantitative titers (400.00 \text{ RU/mL}). In chronic autoimmune disorders like Sjögren's Syndrome, immunological markers often remain persistently positive or slow to normalize due to deep-seated immunological memory and long-lived plasma cells, even when structural and functional exocrine improvements are achieved. However, the profound clinical remission—manifesting as 90% relief in ocular sicca, complete healing of mucosal and plantar fissures, and total resolution of polyarthralgia—demonstrates that targeted Ayurvedic management effectively arrests localized inflammation, improves tissue perfusion, and remarkably restores the patient's quality of life independently of immediate serological clearance.

5. DISCUSSION

Sjögren's Syndrome is a chronic, debilitating autoimmune exocrine failure syndrome characterized by lymphocytic infiltration, glandular fibrosis, and multi-system inflammation. In contemporary allopathic medicine, management is largely palliative—relying on artificial tears, saliva substitutes, systemic immunosuppressants, and corticosteroids—which often carries long-term adverse effects and fails to arrest progressive glandular destruction. In the present case, the clinical presentation was successfully diagnosed and managed under the framework of ***Vataadhikya Vatarakta***[6] combined with *Kapha Kshaya* and *Udakavaha Sroto-Dushti*. The therapeutic strategy was directed toward systemic bio-purification (*Shodhana*), localized pacification (*Tarpana*), and tissue nourishment (*Dhatu Poshana*).

Mechanistic Analysis of Interventions:

Role of Akshitarpana[7] with Triphala Ghrita:

Localized ocular therapy (*Akshitarpana*) using *Triphala Ghrita* provided direct nutritive support (*Tarpana*) to the ocular surface.

Triphala Ghrita possesses *Chakshushya* and *Vata-Pitta Shamaka* properties. Its lipid-rich base restores the tear lipid layer, prevents excessive tear evaporation, and exerts local anti-inflammatory action by soothing irritated corneal and conjunctival tissues.

Role of Basti Therapeutics (*Matra Basti* & *Kala Basti*):

Basti is cited as supreme in *Vatarakta* management.

The administration of *Murchhita Tila Taila Matra Basti* followed by the specialized *Ardhamatrika Niruha*[8] and *Sahacharadi Anuvasana* regimen targeted *Pakvashaya* (the prime seat of *Vata*).

Because *Vata* governs systemic movement and microcirculation, colorectal unctuous and decoction enemas facilitate deep tissue penetration (*Dhatu-Vyapti*), clear vascular and ductal obstructions (*Srotorodha*), and alleviate systemic pain (*Shoola*) and joint stiffness (*Stambha*).

.

Role of Sarvanga Abhyanga [5]with Dhanwantaram Taila:

Full-body oleation using *Dhanwantaram Taila* pacified aggravated *Vata Dosha* circulating in the *Rasa* and *Mamsa Dhatus*, effectively eliminating cutaneous xerosis (skin dryness), plantar fissures, and generalized fatigue.

The synergistic integration of localized ocular management and systemic neuro-vascular cleansing (*Basti*) successfully broke the pathological cascade of *Vata-Rakta* vitiation, offering a safe, comprehensive, and quality-of-life-enhancing alternative protocol for managing autoimmune exocrine disorders.

6.CONCLUSION

"The clinical management of Sjögren's Syndrome through Ayurvedic modalities, interpreted under the diagnostic framework of Vataadhikya Vatarakta, yielded exceptional therapeutic outcomes in this case. The targeted administration of Akshitarpana with Triphala Ghrita locally pacified ocular dryness and corneal irritation, while

systemic Basti Chikitsa (Matra Basti, Ardhamatrika Niruha, and Sahacharadi Anuvasana) along with Sarvanga Abhyanga effectively mitigated chronic systemic pain, joint stiffness, and exocrine dysfunction. Despite the persistence of serological markers, the significant symptomatic reversal and restoration of functional capacity without adverse effects confirm that classical Panchakarma procedures offer a safe, viable, and highly effective integrative approach to managing complex autoimmune exocrine disorders and substantially elevating patient quality of life.
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