

Role of *Langhana* and *amapachana* in rare autoimmune disease *takayashu arteritis* -a case study

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ABSTRACT

Introduction -Takayasu's arteritis is a chronic vasculitis of medium and large vessels. The most involved vessel are the Carotid Artery, Aorta and other major branches. The disease is primarily seen in young women. The incidence of the disease ranges from 0.3 to 3.3 million per year. The vessels are characterized by mononuclear infiltration and granulomatous inflammation of vascular media, which leads to arterial wall thickening with stenosis, occlusion, and aneurysmal dilation.

Background -A 31-year-old woman who presented with history of syncope and dizziness with thickened walls of carotid artery in Magnetic Resonance Imaging angiogram finding. 2 years back she had 3 episodes of sudden syncope and unconsciousness and visited KEM hospital Parel, Mumbai. Takayashu arteritis was diagnosed at KEM hospital and they started her Prednisolone 40 mg/day orally, Methotrexate 15 mg/week, Aspirin 75 mg/day, and folic acid 5 mg/week. After discharge a maintenance dose of

Methotrexate 10 mg/week and 8 mg/day of Methylprednisolone along with Aspirin 75 mg/day, and folic acid 5 mg/week orally was continued. Her syncope eliminated but giddiness and myalgia continued.

Case Report : Patient visited D.Y. Patil Ayurvedic hospital one year before with complains of giddiness and myalgia. Her inflammatory markers ESR was 90 mm/hr and CRP was 30mg/L. At D.Y.Patil Ayurvedic Hospital after *Rogi Roga pariksha* I started add on Ayurvedic medicines *Panchatiktakwathchurna* 3 gms BD morning and evening, *Maha Manjishthadighanavati* 2 tds, *Triphalachurna* 5 gm hs, *Rasapachakvati* 2 tds. Every day 15 hours fasting was advised as pathya [dinner 9 pm at night lunch 12 in afternoon, no *Adhyashana*] daily 45 min walking was advised.

Results- After 11 months she started showing symptomatic relief and also 50% reduction in her inflammatory marker ESR and CRP levels turn normal with Ayurvedic medicines.

Conclusion : The case study shows that Takayasu arteritis (TA) was managed with *Langhana* and *Aamapachaka* Ayurvedic medication with satisfactory outcome.

Keywords: Takayasu's arteritis, *Panchatiktakwath, Rasapachak, Triphala*

INTRODUCTION –

Takayasu arteritis is a chronic vasculitis of medium and large vessels. The most involved vessel are the Carotid Artery, Aorta and other major branches.

The disease is primarily seen in young women. The incidence of the disease ranges from 0.3 to 3.3 million per year.

The vessels are characterized by mononuclear infiltration and granulomatous inflammation of vascular media, which leads to arterial wall thickening with stenosis and occlusion.

The exact aetiology is assumed to be a cell-mediated inflammatory process within the blood vessel, which can result in occlusion

CASE REPORT:

This 31-year-old woman presented at D.Y. Patil Ayurvedic hospital Nerul Navi Mumbai with symptoms of light-headedness, dizziness, myalgia, lethargy, and decreased appetite. Physical examination revealed that there is difference in blood pressure between the right and left arms. Her systolic blood pressure in the right arm was 110 mm of Hg, but systolic blood pressure in the left arm was 130 mm of Hg, her diastolic blood pressure in the right arm was 70 mm of Hg, but diastolic blood pressure in the left arm was 86 mm of Hg. Her body temperature was 98°F, and her heart rate was 100 beats per minute. Examination of the chest was normal. Her electrocardiogram (ECG), and chest radiography performed afterwards showed no abnormalities. Her hemoglobin level was (10 g/dl), and her ESR was 90 mm/ hr., her C-reactive protein was (30 mg/L)

HISTORY OF PRESENT ILLNESS

2 years back she had sudden syncope result in unconsciousness. First, she ignored but when again twice she had same episode she visited to KEM hospital Parel Mumbai, where her Magnetic resonance (MR) angiography of the brain and neck carotid artery, aorta and its branches was carried out and ultrasound of the common carotid arteries was done the results showed thickening of the right carotid artery which had reduced diameter. The brachiocephalic, right subclavian, right common carotid, branches of the aorta all exhibited thickened walls. Consequently, at KEM Hospital Parel it was diagnosed that the patient had Takayasu arteritis. They started her Prednisolone 40 mg/day orally, methotrexate 15 mg/week, aspirin 75 mg/day, and folic acid 5 mg/week. The patient reported clinical improvement in syncopal attacks and within two weeks she was discharged from the hospital.

A maintenance dose of 12 mg/day of methylprednisolone was gradually decreased and other medicines continued. After one year the patient was still having some light headedness, dizziness, myalgia, lethargy, and decreased appetite so before 1 year she reported to D.Y. Patil Ayurvedic Hospital, Nerul Navi Mumbai for Ayurvedic treatment.

PHYSICAL EXAMINATION OF THE PATIENT -

Body weight- 65 kg,

Height -156 cm

Body temperature – 98 F,

Prakriti - Kapha Pitta

Sara - Majjasara, Samhanana - Madhyam

Satva (medium mental strength),

Vyayamshakti - Madhyam, Ahara Shakti - Madhyama, Jarana Shakti - Madhyama

Agni – Mandagni

BP - there was difference in blood pressure between the right and left arms. Systolic blood pressure in the right arm was 110 mm of Hg, but systolic blood pressure in the left arm was 130

mm of Hg, diastolic blood pressure in the right arm was 70 mm of Hg, but diastolic blood pressure in the left arm was between 86 mm of Hg

Cardiovascular examination - Radial pulse in Right arm was not palpable and left arm was normal

In neck region right carotid pulse as well as left carotid pulse was palpable.

Pulse in lower extremities were normal. No bruits on the carotid and renal artery were found

Auscultation of the chest - showed no heart murmur S1S2 Normal and A.E.B.E. Chest clear.

TREATMENT GIVEN TO A CASE OF TAKAYASU ARTERITIS :

After *Rogi Roga pariksha* I started add on Ayurvedic medicines and *Langhana* for *Agnideepana* and *Aamapachan* .

First For eight days *sarvangasnehana* with *vishagarbha oil* was given to the patient.

Sarvanganadiswedan with *Erاندamoolkwath* was given for eight days

Oral medicines given :

Panchatiktakwathchurna 3 gms BD morning and evening with warm water.

Mahamanjishthadighanavati 2tds with warm water

Triphalachurna 5 gm hs with warm water

Rasapachak vati 2 tds with warm water

Every day 15 hours fasting was advised as *pathya* [dinner 9 pm at night lunch 12 in afternoon, no breakfast]

daily 45 min walking was advised.

Eliminated her *Apathyafast* food, *Adhyashana* and *Divaswapa*

Results:

After 8 days of *Snehanaswedana* and oral medicines treatment she feel better and got 30% relief in her myalgia symptom.

Her add on Ayurvedic oral medicines and *pathyapathya* continued and after 5 months she started showing symptomatic relief in light-headedness , dizziness, myalgia, lethargy feeling and her appetite increased. Her maintenance dose of Methotrexate 15 mg/week was reduced to 10 mg/week

Add on *Ayurvedic* oral medicines and *pathyapathya* continued further and after 10 months there was 50% reduction in her inflammatory markers blood tests ESR and CRP.

Her ESR and CRP. Levels decreased with Ayurvedic medicines.

On 19 November 2025 her ESR was 53 mm/hr CRP was 3.94 mg/L which was normal

Her maintenance dose of Methotrexate 10 mg/week was reduced to 7.5 mg/week and 8 mg/day of Methylprednisolone continued. Aspirin 75 mg/day was stopped , and folic acid 5 mg/week orally was continued by her KEM treating Rheumatologist .

DISCUSSION

In Takayashu Arteritis, occlusion and stenosis of artery and aorta are more prominent. *Shiragranthi* type of *Srotodushti* is the pathogenesis of stenosis.

Stenosis is considered in Ayurveda as *Margavarodha* or *Strotorodha* and can be removed by *dravyas* which are having *KatuTiktaRasa* , *KatuVipaka* .

PanchatiktaKwatha Churna is a powder made from a combination of five bitter herbs. These include *Neem Patola* , *Guduchi* , *Vasa* and *Kantakari* . Due to these contains *PanchatiktaKwatha Churna* is anti-inflammatory, *Amapachaka* and having blood-purifying properties, It reduces *cleda* from arteries.

Amapachakvati contains *Kalingka* , *Patolpatra* and *Katurohini* .Due to *Tikta Rasa* it is doing detoxification , helping to eliminate *Ama* (toxins) from the

gastrointestinal tract, reduces inflammation from arteries and purifying the blood.

MahamanjsthadiGhanvati contains *Manjistha*, *Neem*, *Guduchi*, *Kutaj*, *Haridra*, *Patol*, *Kutaki*, *Amla*, *Nagarmotha* so it is acting as a blood purifier and immuno-modulator.

TriphalaChurna is having *pancharasa* and *Laghu ,ruksha guna* it is clearing channels reducing *Margavarodha* and doing *anulomana*. It is also having Anti-Inflammatory and antioxidant properties.

So overall these *kalpasare* useful in reducing inflammation from arteries in Takayasu Arteritis disease .

Control of *Adhyashana* and limiting daily food intake promote *Agnideepana* and *Aamapachana* which help in reducing inflammation of vascular media .

As per *Ayurvedic* principles Takayasu Arteritis disease is considered as *Anukta Vyadhi*.

विकारनामाकुशलोनजिहीयात्कदाचन।

नहिसर्वविकाराणांममतोऽस्तिध्रुवास्थितिः ॥
(C.Su.18/44)

In context to *Anukta Vyadhi Acharyas* have commented that *Vaidya* need not to be ashamed when he is unable to name the *Vyadhi* while diagnosing the *Vyadhi*. It is not necessary to know the exact name of the particular *Vyadhi* . *Vaidya* should study the disease first on the patient by *Rogi Pariksha* and *Roga Pariksha* and thereafter the treatment should be chosen accordingly.

दोषदुष्यनिदानानांविपरीतंहितंध्रुवम्।

उक्तानुक्तानादान्सर्वान्सम्यग्युक्तानियच्छति॥

(Ch.Chi.30/291-292)

CONCLUSION

The case study shows that the rare autoimmune disease Takayasu arteritis (TA) was managed with *Langhana* and *Aamapachaka Ayurvedic* medications with satisfactory outcome.

More studies are required to be done to confirm these findings and establish the place of Ayurvedic line of treatment in the management of Takayasu arteritis (TA).

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