



Case Study

AYURVEDIC INTERVENTION IN MIXED CONNECTIVE TISSUE DISEASE: THERAPEUTIC STRATEGY FOR SYSTEMIC MANIFESTATIONS

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ABSTRACT

Ayurveda interprets conditions under the spectrum of *Tridoshaja Vyadhi* with predominance of *Vata-Pitta Dosh*, *Raktavaha Srotas Dusti*, and *Ama* formation, resulting in systemic inflammation and tissue degeneration. The present case study evaluates the efficacy of an integrative Ayurvedic therapeutic approach in a 41-year-old female patient presenting with severe polyarticular pain, swelling, stiffness, functional disability, and systemic symptoms. The treatment protocol included *Deepana-Pachana*, *Snehapana* with *Triphala Ghrita*, followed by *Virechana Karma* using *Ichhabhedhi Rasa*, and *Basti Karma* with *Guduchyadi* and *Yashtimadhvadi Niruha Basti*. Post-procedural management involved administration of *Guduchi*, *Simhanada Guggulu*, *Kaishore Guggulu*, and *Punarnavadi Kashaya* for one month. Following the intervention, marked improvement was observed in clinical parameters, with significant reduction in joint pain, swelling, tenderness, and morning stiffness. Functional capacity improved notably, as the patient regained the ability to walk independently and demonstrated enhanced grip strength. Laboratory findings revealed a reduction in RA factor value, indicating decreased inflammatory activity. Additionally, systemic symptoms such as fever, poor appetite, and digestive disturbances were resolved. This case highlights that an integrative Ayurvedic approach incorporating *Shodhana* and *Shamana Chikitsa* may offer a promising therapeutic strategy in the management of MCTD by addressing the underlying pathophysiology, improving clinical outcomes, and enhancing quality of life.

INTRODUCTION


Connective tissue disorders (CTDs) are a heterogeneous group of diseases characterized by abnormalities or damage to the body's connective tissues. CTDs may be classified based on their aetiology into autoimmune, genetic, or acquired types. Autoimmune CTDs, such as rheumatoid arthritis, systemic lupus erythematosus, systemic sclerosis, and mixed connective tissue disease (MCTD), occur when the immune system mistakenly attacks the body's own tissues. Genetic CTDs, like Marfan syndrome and Ehlers-Danlos syndrome, result from inherited

mutations that affect the formation or function of connective tissue components.

MCTD represent a spectrum of autoimmune conditions characterized by widespread inflammation involving joints, muscles, skin, and internal organs. The peak onset of the disease is seen during the second and third decades. The female-to-male ratio is 9:1. It is presented with symptoms such as Raynaud's phenomenon, arthralgia, puffy hands, thickening of skin, and fatigue.^[1]

Conventional treatment strategies primarily involve immunosuppressants, corticosteroids, and biologics to manage inflammation and slow disease progression.^[2] However, long-term use of these drugs can be associated with significant side effects, prompting interest in complementary and alternative therapies.

In Ayurveda MCTD can be interpreted through the pathology of *Raktavaha Srotas Dusti*, where

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vitiation of *Rakta Dhatu* occurs due to vitiated *Pitta* and *Vata Dosha*. This vitiated *Rakta* circulates through the body and produces inflammatory changes in tissues like *Twak*, *Sandhi*, and *Mamsa*. Further involvement of *Vata Dosha* causes degeneration, stiffness and structural damage to connective tissues. *Srotavarodha* (obstruction of channels) and *Dhatu Kshaya* contribute to chronicity and systemic manifestations.

This case study presents a therapeutic approach specifically focusing on *Virechana* and *Basti Karma*, to address systemic manifestations of MCTD. By integrating classical Ayurvedic principles into the management plan, the study aims to evaluate clinical outcomes and assess the role of these interventions in improving the functional and systemic health of patients with multiple connective tissue disorder.

Case Report

Patient details

IPD No. – 41381

OPD No. 57705

A 41-year-old female patient presented to the OPD with complaints of severe pain in multiple joints,

Interventions

	Intervention	Drugs	Dose	Duration
1.	<i>Basti Karma</i>	<i>Guduchyadi Niruh Basti</i> ^[3]	600ml	5 days
2.	<i>Basti Karma</i>	<i>Yastimadhyadi Niruh Basti</i> ^[4]	600ml	15 days
3.	<i>Virechan Karma</i>	<i>Ichhabhedi Ras</i>	4 Tab	-

Virechan karma

Poorva karma

Poorvakarma of *Virechana* is *Deepana-Pachana* and *Snehana*. *Deepana-Pachana* was done by administration of *Chitrakadi Vati* 250 mg 1 TDS, *Dhanyak Shunthi*^[5] for 5 days. Internal oleation (*Snehapana*) was done by administration of *Triphala Ghrita*^[10] as follows:

Days	<i>Sneha</i>	Dose	Route	Frequency	<i>Anupana</i>
1.	<i>Triphala Ghrita</i>	30ml	Oral	Morning empty stomach	Warm water
2.	<i>Triphala Ghrita</i>	60 ml	Oral	Morning empty stomach	Warm water
3.	<i>Triphala Ghrita</i>	90ml	Oral	Morning empty stomach	Warm water
4.	<i>Triphala Ghrita</i>	120ml	Oral	Morning empty stomach	Warm water
5.	<i>Triphala Ghrita</i>	160ml	Oral	Morning empty stomach	Warm water
6.	<i>Triphala Ghrita</i>	200ml	Oral	Morning empty stomach	Warm water
7.	<i>Triphala Ghrita</i>	240ml	Oral	Morning empty stomach	Warm water

During all these days, patient was advised to take hot water for drinking till *Kshudha Pravritti* (attainment of hunger). Only light and liquid diet was advised at that time. The symptoms of *Samyak Snighdha Lakshana* (proper internal oleation) were observed on 7th day. On the 8th, 9th and 10th days the patient was subjected to *Sarvanga Abhyanga* with 777 oil followed by *Sarwanga Swedana*.

severe swelling in interphalangeal joints, face and around shoulders, neck left knee and B/L foot in the last 1 year. Patient was experiencing high grade fever in the last 20 days, unable to walk and came on wheelchair.

Patient had a history of hypothyroidism since January 2024 taken medicine for 6 months then left taking medicines 4 months ago.

P/H

Appetite - Very low with indigestion

Bowel- Not properly cleared (constipated)

Sleep- Disturbed (only 3 to 4 hours)

Micturition- Increased urine frequency, (nocturnal 4 to 5 times)

Menstrual history- Periods regular but very scanty only last for 1 day with frequent UTI, itching and burning sensation around vaginal region and slight urinary incontinence.

Patient had taken modern treatment from different hospitals for 4 months but didn't get any relief then came to OPD of *Panchkarma* for better management.

Pradhan Karma

Before administration of *Virechana* (purgation) drug, pulse, blood pressure, temperature was recorded and at regular interval during the *Pradhana Karma*. *Ichhabhedi ras* 4 tablet given along with *Triphala Kwath* 100ml given to patient at 10 am. Number of motions after administration of *Virechana* drug was counted till the symptoms of proper purgation like

stopping of purgation on its own, passing of stool with mucus in the last one or two motions, feeling of lightness in the body appeared. 20 *Vegas* (purgative bouts) were observed.

Paschat Karma

Oral Medication

After completion of *Samsarjana Krama*, *Samana Aushadha* were given.

After the completion of *Virechana* (purgation), patient was kept on *Samsarjana Krama* (post procedure of dietetic indication) of considering the '*Shuddhi*' as '*Madhya*' type of '*Shuddhi*' (moderate purification). Patient was advised to take rest and special diet is advised for 5 days.

Drugs	Duration	Dose	Time
<i>Guduchi</i>	1 month	1 Bd	Before meal
<i>Simhanada Guggulu</i> ^[6]	1 month	2 Bd	After meal
<i>Punarnavadi Kashayam</i> ^[7]	1 month	20 ml Bd	Before meal
<i>Kaishore Guggulu</i> ^[8]	1 month	2 Bd	After meal

Assessment Criteria^[9]

(Gradation and scoring pattern as per CCRAS-Clinical research protocols for traditional health sciences)

Clinical Assessment

- Joint pain
- Morning stiffness
- Tenderness
- Swelling

Joint Pain

S.No.	Severity of pain	Grading	Score
1	No pain	0	0
2	Pain occasional, can be managed without drug	1	2
3	Pain frequent and can be managed with some pain killer	2	4
4	Pain persistent and unmanageable even with drugs	3	6

Morning Stiffness

S.No.	Morning stiffness	Grade	Score
1	No stiffness	0	0
2	Early morning stiffness upto 30 minutes	1	2
3	Early morning stiffness more than 30 minutes and less than 45 minutes	2	4
4	Early morning stiffness more than 45 minutes	3	6

Tenderness

S.No.	Tenderness	Grade	Score
1	No Tenderness	0	0
2	Tender but bearable	1	2
3	Tender and winced	2	4
4	Tender winced and withdraw	3	6

Swelling

S.No.	Severity of Swelling	Grade	Score
1	No swelling/not making the bony land marks of the joints	0	0
2	Just covering the bony prominences	1	2
3	Considerably above the land marks may be with positive fluctuation	2	4
4	Markedly elevated above bony landmarks, tense and fluctuant	3	6

Functional Assessment

Functional assessment will be done on following parameters. (Gradation and scoring pattern as per CCRAS-Clinical research protocols for traditional health sciences)

- Walking time
- Grip power

Walking Time

The patient was asked to cover 150ft. and time taken has been recorded.

Grip Power

Patient was asked to squeeze the inflated cuff up to 50 mmHg of the sphygmomanometer and the grip power has been recorded in mm of mercury depending upon the rise of mercury column.

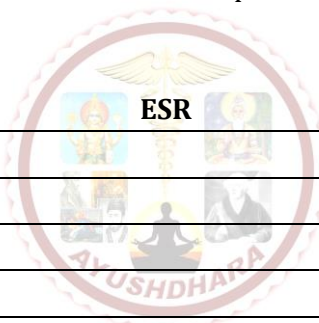
S.No.	Grip power	Grade	Score
1	If the scale shows between 50-55 mmHg	0	0
2	Between 56-65 mmHg	1	2
3	Between 66-75 mmHg	2	4
4	Between 76-85 mmHg	3	6
5	86 mmHg & above	4	8

Biochemical And Serological Assessment

Biochemical and serological assessment will be done on following parameters.

(Gradation and scoring pattern as per CCRAS-Clinical research protocols for traditional health sciences)

- ESR
- RA Factor



S.No.	ESR (mm/1 st hr)	Grade	Score
1	<20	0	0
2	21 to 40	1	2
3	41 to 60	2	4
4	61 to 80	3	6
5	>80	4	8

R.A. Factor

S.No.	R.A. Factor	Grade	Score
1	Negative	0	0
2	Positive (3 folds of normal range)	1	2
3	Strongly positive (10 folds of normal range)	2	4

RESULT

Clinical Assessment

	Before treatment		After treatment	
	Grade	Score	Grade	Score
Joint pain	3	6	1	2
Morning stiffness	3.23	6	1	1
Tenderness	3	6	0	0
Swelling	2	4	1	0

Functional Assessment

	Before treatment		After treatment	
Walking	Unable to walk		2 min 10 sec	
	Grade	Score	Grade	Score
Grip Power	0	0	4	8

Biochemical and Serological

	Before treatment		After treatment	
	Grade	Score	Grade	Score
ESR	2 (45mm/FHR)	4	1 (24 MM/FHR)	2
RA Factor	2 (810.2 IU/ml)	4	2 (204.6 IU/ml)	4

After completion of treatment protocol there is marked improvement in all the parameters (subjective as well as objective).

Significant improvement in multiple joint pain and swelling, and tenderness, morning stiffness which was more than 45 minutes in multiple joints which was improved very significantly after treatment. Fever completely cured, appetite improved, digestion improved. Patient is able to walk after the treatment

Gripping power- Patient was unable to hold or lift any object and doing fine work is also possible after the treatment.

DISCUSSION

Mixed Connective Tissue Disease (MCTD) is recognized as an overlapping autoimmune condition that presents with combined clinical characteristics of systemic lupus erythematosus (SLE), systemic sclerosis, polymyositis, and rheumatoid arthritis.^[11] Because of the coexistence of several disease patterns and the variable course of illness, MCTD remains both diagnostically and therapeutically challenging.

Early identification of symptoms such as Raynaud's phenomenon, inflammatory myopathy, arthritis, and sclerodermatous changes is crucial for appropriate management. Raynaud's phenomenon frequently appears before other systemic signs and may therefore serve as an early clinical indicator. The diversity of organ involvement, particularly pulmonary hypertension and interstitial lung pathology, significantly influences the overall prognosis and quality of life in affected individuals.^[12]

In Ayurveda, this group of disorders can be correlated to *Tridoshaja Vyadhi*, with a dominance of *Vata* and *Pitta Dosh*, along with *Raktavaha Srotas Dushti*. The disease process begins with *Agni Mandya* (weak digestive and metabolic fire), leading to the formation of *Ama*, which circulates in the body and contaminates *Rakta Dhatu*. This results in *Srotorodha* (obstruction of channels) and *Dhatu Vaishamya* (tissue imbalance), ultimately producing systemic inflammation and autoimmune-like manifestations.

To counter this pathogenesis, the therapeutic strategy focuses on both *Shodhana* (bio-purificatory) and *Shamana* (palliative) measures. *Virechan Karma* is the foremost procedure for eliminating *Pitta* and *Rakta Dushti*, which are central to this condition. It facilitates the expulsion of vitiated *Doshas* and *Ama* through the lower pathways, cleansing the *Raktavaha Srotas*, improving *Agni*, and reducing inflammatory responses. The post-therapy improvement in swelling, joint stiffness, and pain indicates enhanced metabolic activity and internal balance.

Subsequent administration of internal medicines supports and prolongs these benefits. *Guduchi* (*Tinospora cordifolia*) functions as a potent *Rasayana* and immunomodulator, improving *Agni*, neutralizing *Ama*, and promoting *Ojas*, thereby enhancing systemic immunity. *Simhanada Guggulu* exerts *Amapachana*, *Shothahara*, and *Vata-Kapha Shamaka* effects, relieving musculoskeletal pain and inflammation. *Kaishore Guggulu* acts primarily on *Rakta* and *Meda Dhatus*, facilitating *Rakta Shuddhi*, pacifying *Pitta* and *Vata*, and protecting connective tissues from degeneration. *Punarnavadi Kashayam*, owing to its *Mutrala* (diuretic) and *Shothahara* (anti-inflammatory) properties, assists in detoxification, reducing oedema, and enhancing systemic circulation.

The integrative application of *Virechana Karma* followed by *Shaman* medicines provides a well-rounded management plan for MCTD. This combined approach alleviates clinical manifestations, restores *Dosha-Dhatu-Agni* balance, and strengthens immunity, aiming for sustained remission. By addressing the root pathogenesis through *Rakta Shuddhi*, *Agni Deepana*, and *Rasayana Chikitsa*, Ayurveda offers a holistic and logical strategy for managing systemic autoimmune disorders like MCTD, ensuring both symptomatic relief and long-term systemic equilibrium.

CONCLUSION

The present study suggests that an Ayurvedic therapeutic protocol consisting of *Virechana Karma* followed by targeted *Shamana* medications may provide a beneficial approach in the management of

Mixed Connective Tissue Disease (MCTD). This integrative approach may help in improving clinical symptoms and functional status while addressing the underlying pathophysiological processes. Future controlled clinical trials integrating immunological biomarkers and long-term follow-up are required to further validate the therapeutic potential of this Ayurvedic protocol in systemic autoimmune disorders like MCTD.

REFERENCES

1. Munjal YP. API textbook of medicine. 9th ed. Vol. 2. Mumbai: Association of physicians of India; 2012. p. 1876.
2. Yaseen K, Merola JF Mixed Connective Tissue Disease (MCTD). MSD Manual Professional Edition. Updated 2024.
3. Shastri Kashinath, Chaturvedi Gorakhnath edited Charak Samhita of Agnivesha, revised by Charaka and Dridhbala; Chikitsa Sthan, ch.3. verse 247-249, vol. 2, P. 138
4. Shastri Kashinath, Chaturvedi Gorakhnath edited Charak Samhita of Agnivesha, revised by Charaka and Dridhbala; siddhi sthana, vol. 2, ch.3. verse 47, P. 919
5. Chakradatta of Chakrapanidatta by Dr Indradev Tripathi Chaukhambha Sanskrit sansthan, Varanasi Chapter 25 Shloka 9 pp171.
6. Bhaisajyaratnavali. Govind Das Sen with Vidhyotini Hindi commentary by Shastri AD, Prakashan C, editors. Vol. 19; 2008. p. 29/176-184
7. Sharma S. Chakradatta of Chakrapani, Shotha Chikitsa. Ch. 43, Vol. 10. New Delhi: Meherchand Lachmidas Publications; 2000. p. 254.
8. Tripathi JP, editor. Commentary Bhavarthasandipini of Chakrapanidatta on Chakradatta, Vatarakta chikitsa, Verse 41-45. Varanasi: Chaukhambha Sanskrita Series Office; 2012. p. 220.
9. Central Council for Research in Ayurvedic Sciences (CCRAS). Clinical Research Protocols for Traditional Health Sciences. New Delhi: CCRAS; p. 185-192
10. Pandit Parashurama Shastri. Sharangadhara Samhita. Uttarakhanda 13/2. Varanasi: Chaukhambha Orientalia Publications; 2013. p. 379
11. Gunnarsson R, Øyvind Molberg, I.M. Gilboe, J.T. Gran. The prevalence and incidence of mixed connective tissue disease: a national multicentre survey of Norwegian patients. Annals of the Rheumatic Diseases. 2011; 70(6): 1047-1051.
12. KJ Isselbacher, et al. Mixed connective tissue disease in Harrison's Principles of Internal Medicine 20th ed. New York: McGraw-Hill; 2018.

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