

## AYURVEDIC LINE OF TREATMENT IN GULMA – A SINGLE CASE STUDY

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### ABSTRACT

A male patient with acute abdominal pain having history of intake of excess fast / market food came in OPD of GAAC hospital for treatment with apprehensive condition. His USG reports was s/o ileitis, typhlitis with sigmoid colitis, gastritis along with gas filled bowel loops. Patient was successfully treated on the line of *pakvashaygata vata* or *vatapaittika gulma chikitsa* and response of treatment was remarkably good.

**KEYWORDS:** *Pakvashaygata vata, Vata Paittika Gulma.*

### INTRODUCTION

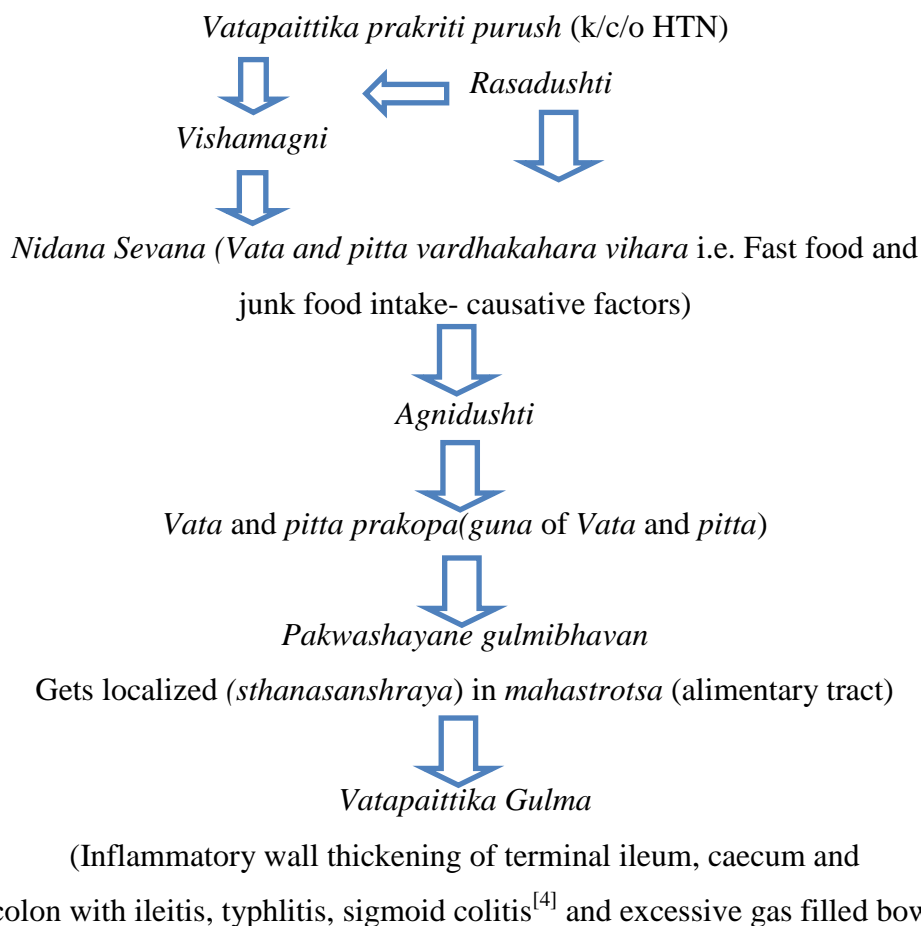
*Gulma* is well described by *Acharya Charaka* in *Charaka Samhita Nidana Sthana* 3.<sup>[1]</sup> and *Charak Samhita Chikitsa Sthana* 5.<sup>[2]</sup> It is of five types – *Vataja*, *Pittaja*, *Kaphaja*, *Raktaja*, *Sannipataja*.

*Gulma* is primarily concerned to *Mahastrotasa/GIT*. *Acharya Charaka* has categorized this condition as either *Koshthashrita* or *Shakhashrita* -as per concept of *trayorogamarga*. When *gulma* doesn't afflict lumen of GIT, then it is *Koshthashrita* and vice versa. *Vata* dosha is mainly responsible for *gulma roga* and either associated with *pitta* or *kapha* as per indulged *nidana*. Five sites has been described for *gulma* and signs and symptoms clinically varies as per the site involvement.

***Samprapti Ghatak******Dosha****Vatapradhantridosha (Anubandha pitta)**Vata dosha dravayatahavridhhi +**Gunatahavridhhi ++**Karmatahavridhhi +**Pitta dosha dravayatahavridhhi +**Gunatahavridhhi +**Karmatahavridhhi +****Dushya***–*Rasa, Rakta, Mansa, Purish****Agni*** - *vishamagni****Adhisthan***–*Sharira****Vyaktisthan*** – *Udara (mahastrotasa)****Strotas***– *Annavaha, Rasavaha, Raktavaha, Purishvaha****Rogamarga***- *Koshtha****Strotodusti*** –*Sanga/ Vimargagaman****Sama/Nirama*** - *Sama****Vyadhi prakara***-*Asukari****Sadhyasadhyata*** – *Krichhasadhya***Patient's information**

Present case study is concerned to a 45 years old male patient having *Vata-pitta* prakriti who had habit of intake of spicy, junk fast food and experienced episode of severe pain in abdomen on 12<sup>th</sup> November 2021. Then patient consulted telephonically initially. On 14<sup>th</sup> November 2021 he was advised tablet Entrid (1TDS) and tablet Liv compound (4 TDS) with *mudgayush*, *manda* as *pathya*, he got mild relief with this treatment only. On 18<sup>th</sup> November 2021, he came to OPD no. 4, Department of Kayachikitsa, GAAC with following chief complaints.

**Chief Complains***Udarashool* (Abdominal pain) since 1 month*Udaragauravta* (Heaviness of abdomen) since 1 month*Udaraaadhmaan* (Flatulence) since 1month*Dourbalya* (weakness) since 2 months

**Samprapti<sup>[3]</sup>****History of Present illness**

Patient was relatively healthy except hypertension before 1 month. Then he had gradually started complaints of abdominal pain, heaviness of abdomen, flatulence, and weakness. On 12<sup>th</sup> November 2021, patient experienced episode of severe pain in abdomen. So, he came to GAAC Hospital for ayurvedic treatment.

**Past History:-** Nil.

**Family History:** Nil.

**Personal History**

Diet - Veg Diet, Spicy junk food, fast food

Addiction: Nil

Appetite –Disturbed

Proffesion- sitting job (labour work)

Sleep – Disturbed

Micturation – 4 to 5 times/day, 1 to 2 times/ night

Bowel movement - 1 time/ day, regular

### On Examination

Blood pressure- 132/90 mmHg

Pulse rate- 78/min

Respiratory rate- 19/min

Weight- 65 kg

### Per Abdomens

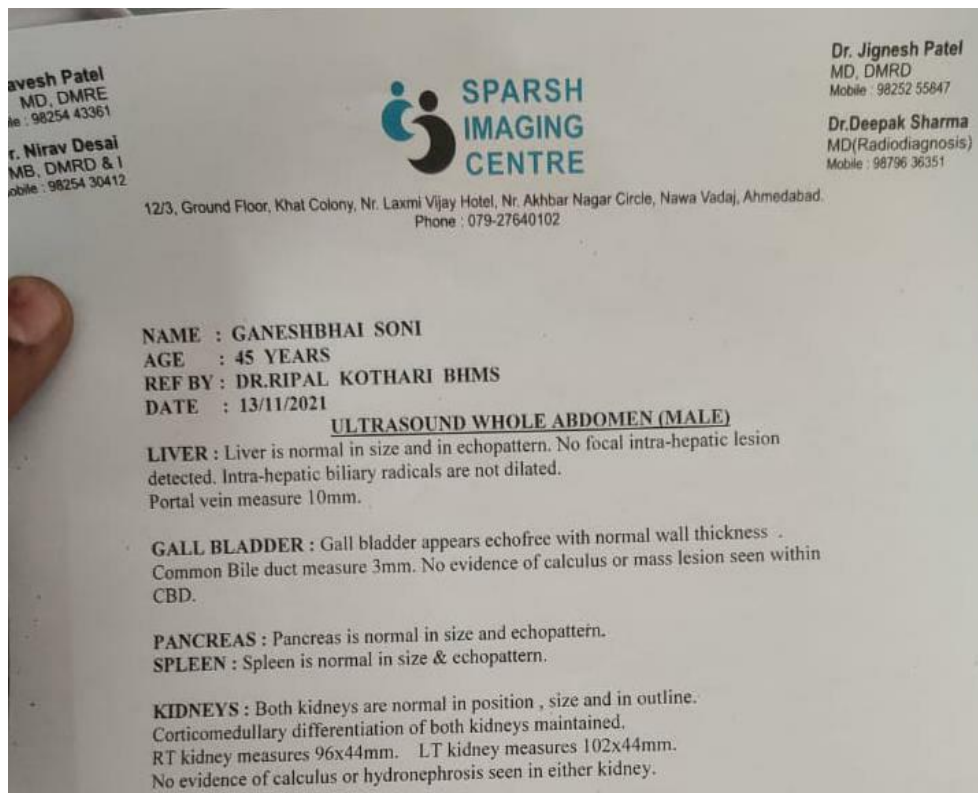
Inspection:- Distended Abdomen

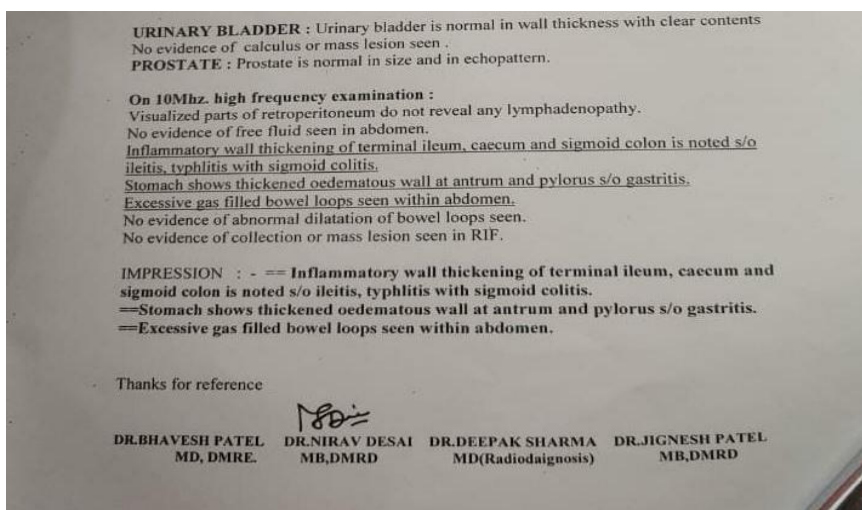
Palpation:- Mild tenderness present at left illiac and hypogastric region

Percussion:- Tympanic sound heard over hypogastric region

Auscultation:- NAD

**INVESTIGATION :-** USG Abdomen as on 13<sup>th</sup> November 2021.





## THERAPUTIC INTERVENTION

### TREATMENT

The patient was diagnosed with *Vata-paittika gulma* on the basis of investigation reports and sign and symptoms. He had mild improvement with telephonic consultation. Then on 18<sup>th</sup> November 2021 after he visited OPD was advised following management with the objective of complete *samprapti vighatan*<sup>[5]</sup> (permanent cure).

Medicine	Dose	Duration
1) Tab Entrid	1 TDS	40 days
2) Tab Liv Compound	4 TDS	40 days
3) <i>Lavanbhaskar churna</i> <i>Muktasukti</i> <i>Navayas lauha</i> along with 2 tbsp cow's ghee	6gm 500 mg 500 mg TDS	40 days
4) <i>Sansamani vati</i>	4 TDS	40 days
5) <i>Chitrakadi vati</i>	4 TDS	40 days
6) <i>Pathyadi Kwatha</i> and <i>Punarnavadi Kwatha</i>	10gm BDS	40 days

The above treatment was continued for 40 days along with following advice of *pathya* and *apathya*.

### *Pathya –Apathya* (Wholesome diet and activity)

Patient was advised for *pathya aahar* and *vihara* during the course of medication like – fresh home cooked, warm, easily digestible light diet like- *khichadi(vilepi)*, *mudgayusha* (green gram soup), vegetables soups etc. and restricted from taking day sleep(*divaswapa*), awaking at night, exposure to *pravata* (direct exposure of wind), excess sunlight, control natural urges (*vegadharana*).

**OBSERVATION AND RESULTS:\**

SYMPTOMS	13-11-2021	20-11-2021	27-11-2021	4-12-2021	11-12-2021	22-12-2021
1. Abdominal pain ( <i>udarshool</i> )	+++	+++	++	++	+	-
2. Heaviness of abdomen	+++	+++	++	++	+	-
3. Bloating	+++	+++	++	++	+	-
4. Weakness( <i>dourbalya</i> )	+++	++	++	+	-	-

**INVESTIGATION AFTER TREATMENT:** USG abdomen was repeated after 15 days

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NAME : GANESHBHAI SONI  
AGE : 45 YEARS  
REF BY : DR. RIPAL KOTHARI BHMS  
DATE : 29/11/2021

**ULTRASOUND WHOLE ABDOMEN (MALE)**

**LIVER :** Liver is normal in size and in echopattern. No focal intra-hepatic lesion detected.  
Intra-hepatic biliary radicals are not dilated.  
Portal vein measure 10 mm.

**GALL BLADDER :** Gall bladder appears echofree with normal wall thickness.  
Common Bile duct measure 3 mm. No evidence of calculus or mass lesion seen within CBD.

**PANCREAS :** Pancreas is normal in size and echopattern.

**SPLEEN :** Spleen is normal in size & echopattern.

**KIDNEYS :** Both kidneys are normal in position, size and in outline.  
Corticomedullary differentiation of both kidneys maintained.  
No evidence of calculus or hydronephrosis seen in either kidney.

**URINARY BLADDER :** Urinary bladder is normal in wall thickness with clear contents  
No evidence of calculus or mass lesion seen.

**PROSTATE :** Prostate is normal in size and in echopattern.

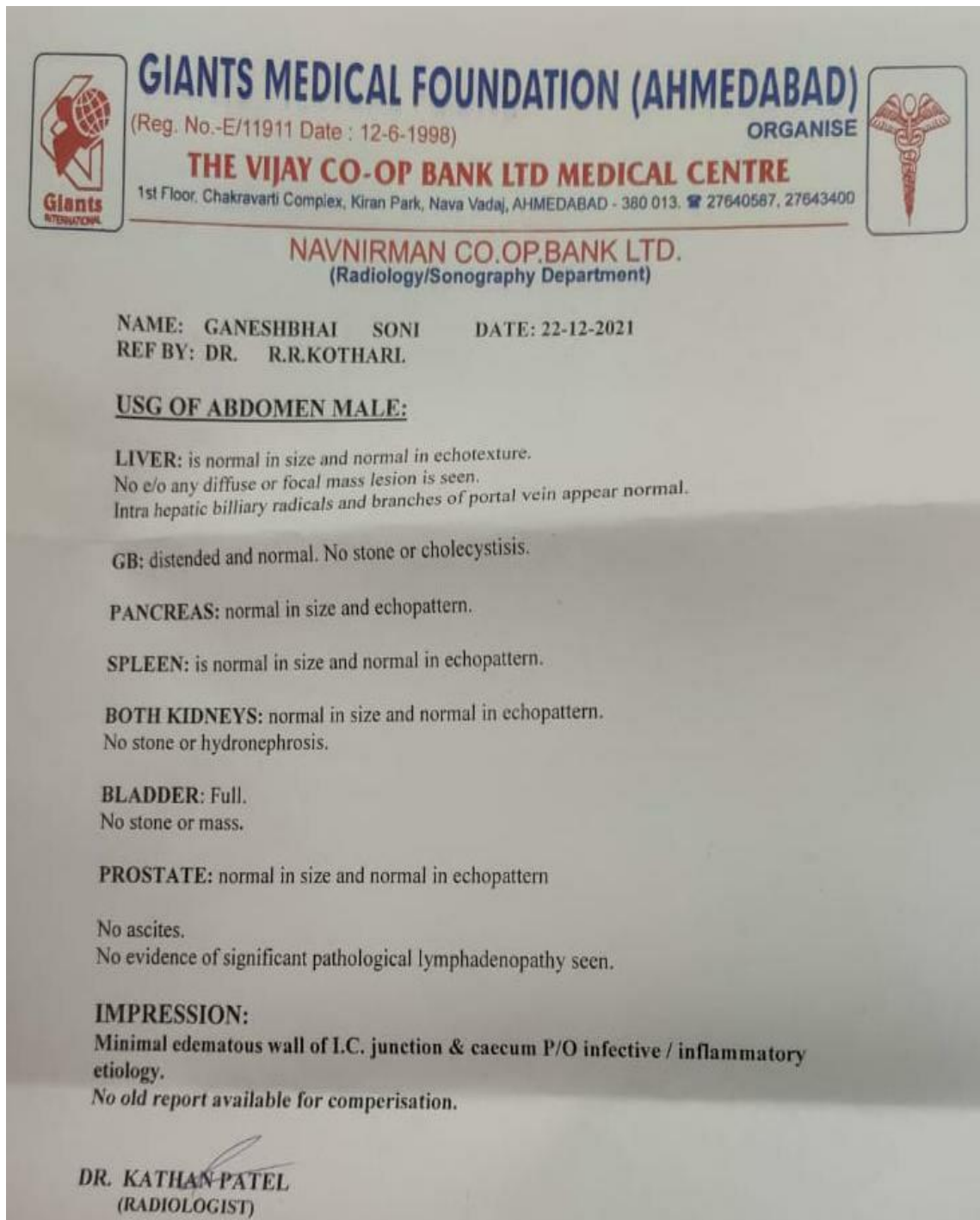
**On 10Mhz. high frequency examination :**  
Visualized parts of retroperitoneum do not reveal any lymphadenopathy.  
No evidence of free fluid seen in abdomen.  
No evidence of abnormal dilatation or wall thickening of bowel loops seen.  
No evidence of collection or mass lesion seen in RIF.

**IMPRESSION :** Mild edematous Terminal ilium and caecum is seen in RIF  
Suggest infective etiology

**As compare to previous USG on dated 13/11/2021 shows good radiological improvement.**

Thanks for reference.

DR. BHAVESH PATEL   DR. NIRAV DESAI   DR. DEEPAK SHARMA   DR. JIGNESH PATEL  
MD, DMRE.   MB, DMRD   MD(Radiodiagnosis)   MB, DMRD



## RESULTS

After starting above mentioned medications, *pathya* and *apathya* were advised. Patient started feeling improvement from Day-1. Dietary restrictions helped a lot in this case as he was advised specific light diet like *yush*, *krishara* etc. After the course of complete treatment patient was completely free from all complaints and marked improvement in USG pathological findings which shows the efficacy of classical ayurvedic management in patients of *gulma* and inflammatory bowel condition.

## FOLLOW-UP

Follow up was taken for 4 weeks in OPD of Akhandanand Ayurveda collage, Ahmedabad. In follow up, medication was changed to restore healthy life. In last USG, mild edematous terminal ileum and caecum was found so it can be tried to relieve this with further medicine and follow-up. Same medication was continued for further weeks.

## DISCUSSION

*Shakhashrita gulma* always involves *dushyas(dhatus)* of GIT canal. In this case of *pakwashayagatagulma/Vata* involved thickening of terminal ileum- caecum and sigmoid colon are indicative of involvement of *shakha / dhatus*. Hence, this is taken as *shakhashritagulma* on the basis of modern investigation reports. Selection of drug is mainly to execute the *bhedanakarma* of *gulma* as per classical line of treatment of *vatika* and *Pittaja gulma*. The use of *lavanbhaskar* and *chitrakadivati* is as per principle of *bhedana*. Being enriched with the properties of *Kshara - Deepaṇa, pachana* and *anuloman*.

*Samshamni vati, punarnavadi kwatha* and *pathyadi kwatha* have been selected as adjuvant to main *Bhedana* therapy in the form of *deepana, pachana, anulomana, shothaprishamana* etc. *Muktasukti* and *navayasa lauha* used as *pitta vata shamana, balya, shonitaprasadana*. Tab. Liv compound was added as *yakritabalya* and Tab. Enrid was given as antiinflammatory (*shothaprashamana*) as it is enriched with *Panchamrita Parpati*. So it can be concluded that classical management of *gulma* is applicable on the basis of modern investigation, findings along with appropriate history of patient and suitable required *pathya karma*.

## CONCLUSION

Modern diagnostic tools are always helpful to Ayurvedic practitioners in finding the diagnosis as per *Ayurvedic* classical texts. *Gulma* is such a kind of disease / diagnosis that is practiced/ used very less in clinical practice because of no standard investigation protocol has been established. This case study proves that that *shankhashrita gulma* does exist and can be cured on the classical line of management of *gulma*.

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