

AYURVEDIC INTEGRATED MANAGEMENT OF MUTRAGHAT WITH SPECIAL REFERENCE TO CHRONIC KIDNEY DISEASE - A CASE STUDY

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Article Received on
21 September 2022,

Revised on 11 October 2022,
Accepted on 01 Nov. 2022,

DOI: 10.20959/wjpr202215-25951

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ABSTRACT

Chronic Kidney Disease (CKD), the prevalence in India is 17 % with stages 1, 2, 3, 4, 5, 43.1% of their cohort had hypertension and 18.8% had diabetes.^[1] It is a global threat to health in general and to developing countries in particular because, in modern science, therapy is expensive and lifelong. In India, 90% of patients cannot afford the cost. *Ayurveda* can help in such conditions. From the study of the ancient surgical text charak Samhita, it becomes evident that urological problems form an important part of medical sciences. The 12 types of *Mutraghata* are classified in tintoe categories for easier understanding of the subject and also to aid in approaching a patient of *Mutraghata*

where the principles of differential diagnosis have to be applied. *Mutraghata* is an *Ayurvedic* ailment with clinical symptoms that are comparable to those of chronic kidney disease including oedema, shortness of breath, tiredness, blood in urine, and increased micturition. The observations reveal that internal medicines can play a key role in the management of chronic kidney disease. The treatment strategies followed in this study can be safely adopted under the supervision of a competent specialist.

KEYWORDS: Chronic Kidney Disease, Dialysis, *Mutraghata*, *Yog Basti*.

INTRODUCTION

Chronic Kidney Disease, also called Chronic Kidney Failure, describes the gradual loss of kidney function. Kidneys filters wastes and excess fluids from the blood of our body. In the early stages of chronic kidney disease, the patient may have few signs and symptoms.

Chronic kidney disease may not become apparent until kidney function is significantly impaired. The global burden of CKD is high with increasing incidences, mortality and economic impact. CKD is a gradual process which goes on for weeks, months, years, and the kidneys slowly stop working.^[2] The symptoms of CKD are different according to the different stages of kidney failure. CKD is caused by hypertension, diabetes mellitus, taking a long-standing pain killer, chronic interstitial nephritis etc. Common symptoms of CKD are swelling, electrolyte disorder, blood in urine, itching, vomiting, poor appetite, nausea, higher creatinine level and uric acid. Chronic Kidney Disease can be correlated with *Mutraghata* in Ayurveda.

Chakradutta says that *Mutraghata* is one of the ayurvedic diseases in which there is decreased urine output or there is an obstruction to urine.^[3]

Such manifestations can be managed by integrated treatment successfully and a case has been treated at the Ayurved Seva Sangh's Aarogyashala Rugnalaya in Nashik, Maharashtra, India that is presented here.

MATERIALS AND METHODS

Charak samhita, Chakradutta, Sushrut samhita, Vagbhat samhita and some other Ayurvedic texts.

CASE REPORT

A 65 year old male patient from Mumbai, Maharashtra was brought to Kayachikitsa Outpatient department of K.G. Mittal Ayurved College on 08/01/2022 with *Ubhay pad shool* and *shotha* (swelling in bilateral lower leg), *Mukha shotha* (facial oedema), *Ayaseen shwas* (exertional dyspnoea), *Shushka kas* (dry cough), *malavshatambha* (constipation) since 1 month. Initial history revealed that the patient developed gradually swelling over bilateral lower legs 2 months back. The subject was a previously known diagnosed case of Diabetes Mellitus since 4 years and he was not on regular treatment. After taking case history, Vitals and observing general condition patient advice for admission. he got admitted in our hospital From 08/01/2022 to 27/01/2022. He underwent Ayurvedic and allopathy treatment for the same and was discharged after remarkable improvement.

1. Patient Information

Name – XYZ

Age- 65 yrs/ Male

Occupation- Farmer

2. Known case of: Diabetes mellitus since 4 yrs.

3. Surgical history: Right eye cataract operated 3.5 years ago

4. Addiction history: None

5. Family history: No evidence of this type of disease in the family.

6. Drug history: None

8. Chief complaints

Ubhay pad and shotha (swelling in bilateral lower leg), Mukha shotha (facial oedema), Ayasen shwas (exertional dyspnoea), Shushka kas (dry cough), malavshambha (constipation).

9.1. Physical examination

Blood pressure	200/110 mm of hg
Pulse rate	84/min
Respiratory rate	18/min
Temperature	98.00 ⁰ f
Edema	Yes
Pallor	No

9.2. Ashtasthana Pariksha

Nadi (Pulse)	Vatapradhan
Mala (Stool)	Vibhandhata
Mutra (Urine)	Naktamutrata (4-5 times)
Jivha (Tongue)	Saama
Shabda (Speech)	Prakruta
Sparsha (Tactilation)	Samashitoshna
Druk (Eyes)	Prakruta
Akriti (Anthropometry)	Madhyama

9.3. Systemic Examination

- Respiratory system - on auscultation, normal sounds heard and no abnormality detected.
- Cardiovascular system - S1 S2 heard and no abnormality detected.
- Gastrointestinal system - Soft, non-tender.
- Central nervous system -

Consciousness- Fully conscious

- Laboratory Investigations Haematological investigations were done on Date –

8 January 2022

CBC- Hb-10.6 gm/dl

WBC- 4200 /cmm

Plt- 1,48,000 / cmm

Urine (R & M) –

Albumin- Trace

Sugar – Present (++)

BSL – Fasting - 258 mg/dl

HBA1C- 11.0%

Post prandial - 341 mg/dl

Bl Urea - 52 mg/dl

Serum Creatinine - 1.9 mg/dl

eGFR – 51 ml/ min (By CKD EPI formula)

Serum Electrolytes- Sr Sodium – 126

Sr. Potassium- 3.55

Sr. Chlorides -94.1

Serum Albumin – 2.94 gm/dl

HBsAG, HCV, HIV – Negative

Urine C/S (12/01/22) – Negative (No growth after 48 hrs)

USG Abdomen Pelvis – (8/01/2022)

Grade II Medical renal disease in bilateral Kidneys

Minimal Pleural effusion is seen bilaterally with collapsed and consolidation underlying lungs.

Moderate to severe cystitis.

5. Diagnosis

On the basis of clinical presentation and investigations it was diagnosed as case of Mootraghat (CKD).

6. Treatment Advised

Table 1: Ayurvedic Internal Medications.

Sr. no.	Kalpa	Matra	Kala	Anupana
1.	Arogyavardhini vati	250 mg BD	Vyanodan kal	Koshna jal
2.	Chandraprabaha vati	250 mg BD	Apan kal	Koshna jal
3.	Gokshuradi guggul	250 mg BD	Vyanodan kal	Koshna jal
4.	Hingwashtak churna	½ tsp BD	madhyabhakta	ghrita
5.	Punarnavasa	20 ml BD	Vyanodan kal	Koshna jal
6.	Sitopaladi Churna	1 tsp	muhurmuhu	madhu

Panchakarma Done: - Tila Tail Matra Basti for 3 Days

Yogabasti for 7 Days

Modern Internal Medications

1. Inj. Ceftriaxone 1 gm + IV NS 100 ml BD (7 days)
2. Inj. Pantoprazole 40 mg IV BD
3. Inj. Ondansetron 4 mg IV BD
4. Inj. Dytor 10 mg BD (8 AM & 4 PM)
5. Tab. Sodamint 500 mg 2-----1-----2
6. Tab. Gliclazide MR 30mg BD (Before meals)
7. Tab. Voglibose 0.3 ng + Repaglinide 1 mg 1 BD (Before meals) [Voglibose 0.3/1]
8. Tab. Empagliflozin 25 mg + Linagliptin 5 mg 1 OD (BBF) [Glyxambi 25/5]
9. Tab. CTD 6.25 1 OD

OBSERVATION AND RESULT

Sr.no	Before Treatment	After Treatment
1.	Ubhay Pad shool evam shoth	Shool evam shotha nasha
2.	Mukh shoth	
3.	Ayasan shwas	upshay
4.	Shushka kas	upshay
5.	Malavshatambh	Samyak malapravartan

Investigation Before and after treatment

Parameter	Before treatment	After treatment
BSL –F/PP	Fasting –258 mg/dl Postprandial-351 mg/dl	Fasting –94 mg/dl Postprandial- 146 mg/dl
Sr.Creatinine	1.9 mg/dl	1.1 mg/dl

DISCUSSION

Ayurvedic treatment given judiciously can certainly relieve the patient from CKD. According to Ayurveda, CRF is a disease of *Mutravaha Srotas*. Though all the three *Doshas* as well as all the *Dushyas* are involved in the disease, Kapha is responsible in blocking microvessels and developing microangiopathy. *Vata* is responsible for degeneration of the structure of the kidney. According to Ayurvedic principles of management of the disease, tissue damage can be prevented and repaired by *Rasayana* drugs because they have the capability to improve qualities of tissues and hence increase resistance of the tissues. It increases urine filtration by causing *Rakta bhar vridhi* whereby it acts as *shothaghna* and overcome *muttrakrichhra*. On the other hand, blockage can be removed by *Lekhana* drugs having scraping effect on blocked channels.^[4]

According to chakradutta Mutraghat is handled in accordance with vitiated Dosha in. The same medications that are used in muttrakrichhra are used to treat it. Uttarbasti, snehyukta virechan, and Dosha basti are given.^[5]

Arogyavardhini vati has properties of *pachan*, *deepan*, *kshudhapravartan*, *nitya malashuddhikar*,^[5] which helps to improve the symptoms of *mutraghat*. Also gokshuradi guggul works on *prameha* as well as *mutraghat*. It has *vatahara* and *raktaprasadan* properties.

A traditional Ayurvedic remedy called *Chandraprabha vati* is primarily used to treat *Prameha*, a condition that is closely related to obesity, the metabolic syndrome, and diabetes mellitus. It works on 20 types of *prameha* along with *mutraghat*.^[6]

Hingwashtak churna has property to increase digestive fire which further increases hunger. In ayurveda all disease has root cause that is *mandagni*. So *hingwashtak* works on *mandagni*. Ayurvedic herbs like '*Punarnava*', '*Gokharu*' and '*Varuna*' can be saviour for patients with chronic kidney disease, which has seen a rise due to various reasons.

CONCLUSION

From this case report we may conclude that combined Ayurvedic treatment and modern treatment regimen can be potent and effective in treatment of *Mutrighat* (CKD). No adverse effect and aggravation of the symptoms was found in the patient during and after the treatment.

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