

**AN INTEGRATED APPROACH TO PROTEIN LOOSING
ENTEROPATHY W.R.T. VATKAPHAJ SHOTH: A CASE STUDY****¹*Dr. Sangeeta Gore and ²Dr. Ahbaychandra Inamdar**¹PG Scholar, Dept. of Kayachikitsa, TAMV, Pune.²MD(Kayachikitsa): Associate Professor, TAMV, Pune.

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***Corresponding Author****Dr. Sangeeta Gore**PG Scholar, Dept. of
Kayachikitsa, TAMV, Pune.**ABSTRACT**

Protein Loosing enteropathy is a rare complications of variety of intestinal disorder characterized by an excessive loss of proteins into the GI tract due to impaired integrity of the mucosa. In Ayurveda, detailed description of PLE is not available but we can correlate it with Shoth vyadhi. Here multiple factors like Rasvaha strotas, Udakvaha strotas dushti, Atisar, Pandu roga, Shwas, Kas roga can lead to formation of PLE in the body. The present study is a case report of management of a male patient of 38 yrs old with moderate ascites, diarrhoea & bipedal edema due to hypoproteinemia. Ayurvedic medications along with modern medicines were found to be effective in this case.

KEYWORDS: PLE, Hypoalbuminemia, Intestinal lymphangiectasia, Pandu.

INTRODUCTION

According to Ayurveda, edema is correlated with a vyadhi called Shoth. Shoth is a tridoshaj vyadhi. Such a vyadhi in which there is avarodha of Swedvaha & Udakvaha strotas, Shoth is a disease caused due to the derrangement of doshas, which may appear in any part of the body.

Shoth is found as a main symptom in much no. of ailments like Visarp, Pidaka, Arbuda etc. but that which is going to spread vastly, which is nodulated, equal or unequal & particularly located dosha-samuha in the twak(skin) & mamsadi dhatu(tissue elements) in shotha.

Classification

- **Acc. to Charaka-1) On the basis of dosha-a) vataj b) pittaj c) kaphaj**

- 1) On the basis of karan-a) Nij b) Aagantuk
- 2) On the basis of sthan-a) Ekangaj b) Sarvangaj

- **Acc to Sushruta- 5 types like Vataj, Pittaj, Kaphaj, Sannipataj & Vidhan**

- **Acc to Vagbhata- mainly of 2 types-**

- a) Nija, Agantuj
- b) Sarvang, Ekang

AIMS AND OBJECTIVES

- 1) To study PLE from Ayurvedic perspectives
- 2) To observe physiological & pathological changes during treatment
- 3) To improve quality life of the patient

MATERIALS AND METHODS

Thorough review of Ayurvedic text & modern literature for PLE was done, particular case represented here.

DRUG REVIEW

- 1) **Pimpali-Dipan**, Vrishya, Rasayana, Shothhar
- 2) **Rassindur**-Used in Vata & Kapha vyadhis, improve immunity, stomach pain, urine related problems & digestive problems.
- 3) **Punarnavarishta**-Used as a diuretic, promoting urine flow & aiding in flushing out toxins from the body & helps to reduce edema.
- 4) **Panchmushtik Yush**- Dipan, Shothhar
- 5) **Vardhman Gud-Shunthi-Haritaki**-Acts as a diuretic, improves digestion

Case Presentation

A 38 yrs male patient brought by his relatives to Seth Tarachnad Hospital, Rasta Peth, Pune belonging to the middle socioeconomic class presenting with complaints of Ubhay pad Shoth, Apla Udarvridhi (increased abd. girth), Agnimandya (decreased appetite), Aruchi, Pandita(pallor), Dourbalya(gen. weakness) & bilateral pitting edema like Elephantitis, Mukhshushkata, Trushna & sometimes Atisar since 1 month.

Past history- No any comorbidities, H/O Typhoid (10 yrs ago), No any surgical history O/E-

- 1) Gen.condition of patient-moderat
- 2) pulse rate -80/min
- 3) 3)BP-100/70 mmHg
- 4) Eyes-Pallor, orbital swelling
- 5) Wt-64 kg
- 6) RS-AE reduced
- 7) CNS-Conscious & Oriented
- 8) CVS-S1S2 normal
- 9) P/A-Abdominal mild distension & filled of fluid
- 10) Bipedal edema like Elephantitis

Ashtavidha pariksha

1. Nadi-Vatpradhan Kapha
2. Mala-drava mala
3. Mutra-1-2 times/day
4. Jivha-sama
5. Shabda-Ksheen
6. Druk –panduta
7. Akriti-krusha
8. Strotodushti-Rasvaha, Udakvaha, Pranvaha, Purishvaha

Investigations-24/6/2024

- 1) USG(A+P)-moderate ascites
- 2) 2-D echo-mild pericardial effusion
- 3) Filarial Antigen-not detected
- 4) Sr.Albumin-1.8
- 5) Urine R.-Alb is trace
- 6) Sr.creat-1.8

Haemogram	24/6/24	5/7/24
Hb	8.7	9.4
RBC	4.05	4.5
WBC	12.80	5.62
PLT	5.32	4.78

Sr.Proteins	24/6/24	5/7/24
Total proteins	3.60	3.72
Albumin	1.87	2.0
Globulin	1.73	1.72

Treatment -1) Ayurvedic medicine chart

Sr.No.	24/6/24	5/7/24
1)Pimpali Churna 125 mg	BD (Vyanodan)	BD (Vyanodan)
2)Ras sindur 60 mg	BD (vyanodan)	BD (Vyanodan)
3)punarnavarishta 20 ml	BD (Vyanodan)	BD (Vyanodan)

4) Panchmushtik Yush-Muhur muhu panarth

5) Vardhman Gud-Shunthi-Haritaki-

- Gud-20 gm
- Shunthi-20 gm
- Haritaki-20 gm
- Ghrut-20 gm

All are mixed in well manner n made mishran & gave to patient in vardhman matra daily upto 8 days and decreased by same matra reversely upto 1 st day.On the ,

1st day-2 gm

2nd day-4 gm

3rd day-6 gm

4th day-8 gm...

(Like this in increasing fashion upto day 8th & reversely in decreasing fashion upto day 1st).

2) Modern medicines

r.No	24/6/24	5/7/24
1)Inj.Monocef 1 gm	BD	BD
2)Inj.Human Albumin 20%	OD	-
3)Tb.Rifagut 550 mg	BD	BD
4)Tb.Aldactone 50 mg	OD	OD
5)Tb.Vibact DS	BD	BD
6)Protein Powder with milk	TDS	TDS

DISCUSSION

Review of pathogenesis of Shoth vyadhi reveals that there is vitiated agni causing the imbalance of tridoshas due to mithya ahar vihar like excessive intake of tikshna, guru,

abhishtyandi ahar sevan, krush akriti, panchkarma mithyopchar which vitiates the tridoshas & it results in Nij Shoth. Classics has focused on the agnideepan & pachan, sanshodhan karma which depends on the dosholbanata & bala of that rugna, Aacharya Charak has emphasised on the use of agnideepan, pachan, trushna-prashman, langhan, shodhan & shaman chikitsa which is acc. to doshadhikya in that vyadhi & rugna bal.

Shothhar kwath contains Punarnava, Gokshur, Guruchi, Shunthi, Haritaki which is vatshamak, Shothhar, agnideepan, vatanulomak, kledaghna, mutral properties.

CONCLUSION

Shothhar, deepan, pachan, mutral aushadhi provided better results in management of Shotha vyadhi by improving both subjective and objective parameters. An integrated approach leads to better quality life of patients.

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