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MANAGEMENT OF CHRONIC KIDNEY DISEASE WITH MUSTADI YAPANA BASTI FOLLOWED BY TRIKANTAKADI GHANAVATI – A SINGLE CASE STUDY

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ABSTRACT

Introduction: The factors kledata and ambuvaha srotas is tackled by the procedure Basti and which is best indicated in Pakwashayagata vyadhis. Basti is sadhyapranahara marma. Injury to the basti results in grave disorders.[7] They are Mutra dosha, Vata Mutra varca sangraha, Mehana basti shula, Gulma, Kukshi guda sroni graha etc diseases and hence treated accordingly as clinical sequelle of particular symptoms like shotha, chardi, pandu, mutralpata etc. Materials & methods: subject is taken from Kayachikitsa opd BLDEA Avs ayurveda Mahavidyalaya vijayapur. **Results & Discussion:** Patient aged 23yrs has been treated with mustadi yapana basti as according to kalabasti followed by Trikantakadi ghanavati for 30days and shown improvement in signs and symptoms of Chronic kidney disease.

KEYWORDS: Vrikkarogas - Chardi, Trikantakadi ghanavati, CKD.

INTRODUCTION

Vrikka is comparable with kidney of contemporary science. Vrikka (kidney) regulate the removal of wastes from the blood in the form of urine. Vrikka is considered as Moolasthana of Medovaha Srotas. Vrikkaroga can be possible due to disequilibrium of Shonita and Meda

as they form from it. The kidney diseases mentioned in modern science and their common symptoms can be correlated with Mutraroga described in Ayurveda.

Chronic renal failure is a disease of Mutravaha strotas, all the three Dosha and Dusti was involved in this disease, due to this morbid changes like filtration, reabsorption and secretion depending upon number of glomeruli involved.

In Ayurveda no one has put direct relation and description of this disease in ancient text. But increase creatinine are indicative of Mutravahastrotas Dusti. As the Vruka is made from Rakta and Meda so in this disease decrease filtration rate has been occurred due to accumulation of Meda and Rakta Dusti which is carried out by Vata Dosha. The formation of urine take place in Pakvashaya and stored in the Mutrashaya, as the Pakvashaya is place of Vata Dosha and Basti treatment is mainly act on the Pakvashaya so use of Punarnavadi kshira basti help in chronic renal failure by rejuvenates the dying cell and help to revive the dying organ of the body.

In Charak Samhita Sidhisthana Punarvadi kshir basti mentioned for Sarvadoshnashana, as Punarnava has -The fibrinolytic activity, Inhibition of lipid peroxidation, anti-oxidant property, Also as hepatoprotective activity, Smooth muscle relaxation.Has improve the filtration rate also removing waste out of body which damage the kidney.

As the Gokshura (trikantaka) has diuretics action which is beneficial in CKD for decrease the oliguria and Rasayana properties of Gokshura which can be prevented and repair by Rasayana drug by their antioxidative properties. According to Ayurveda principle of management of the disease, tissue damage can be prevented and repaired by Rasayana for Mutravaha Strotas.

Case History

Name of the patient: XYZ

Age/sex: 23/F

OPD no : 2431

IPD No: 187

Main complaints

- Swelling in both lower limbs since 1month

- Poor appetite since 20days
- Nausea, vomiting since 2weeks
- decreased level of HB since 1month

Duration: 3months

Personal history

Appetite: reduced

Bowel: normal, once a day

Bladder: 2-3 times a day, dysuria – present, scanty micturation

Sleep: disturbed, (due to mental stress)

Habits: Nil

General examination

BP- 140/100mmHg

Pulse- 76bpm

RR- 20/min

Pallor- +

Icterus- absent

Cynosis- absent

Clubbing-absent

Edema- bilateral pedal edema

Diagnostic criteria

Subjects having classical common signs and symptoms of Mutraghata and Shotha

- Dourbalya - Fatigue
- Anavasthita udara utseda- Swelling
- Padashotha – Pedal oedema
- Gandaakshi kootashotha- Periorbital edema
- Siratanutwa – Prominent thin veins
- Angavivarnata – Discolouration
- Sashoola mutrata- Dysuria
- Alpamutrata- oliguria
- Raktamootrata –Hematuria

2. Subjects having cardinal features of Chronic Kidney Disease such as Pruritis, Edema, Hematuria, Weakness, Nausea.

3. Subjects having abnormal Glomerular Filtration Rate levels.

Study design

Randomised open label clinical study.

Sampling technique

- The subjects who fulfill the inclusion criteria and willing to give written informed consent and willing to participate and comply with the study will be assigned to trial.
- Permuted Block Randomization Method.

Assessment criteria

- Signs and symptoms of Chronic Kidney Disease –
- Edema – edema grading scale
- Pruritis- Pruritis grading system
- Hematuria – Hematuria assessment scale
- Common fatigue scale
- Visual analogue scale – fatigue severity
- Combined common Signs and symptoms of mutraghata,shotha: Dourbalya, Anavasthita udara utseda, Padashotha Siratanutwa,Salomaharsha,Angavivarnata, Sashoolamutrata, Alpamutrata,Gandaakshikoota shotha, Raktamootrata

- Patients suffering from renal failure (GFR

Treatment given

1. Mustadi Yapana Basti

Kwatha – mustadi yapana basti kwatha

Kalka – mustadi yapana kalka

Madhu- 40ml

Sindhava -5gms

Ghrita- 50ml

Taila – 50ml

Ksheera-350ml

Water- 700ml

2. Anuvasana with Murchita ghrita 40ml+ murchita thaila 40ml
3. Abhyanga with dhanwantari thaila.
4. Trikantakadi ghanavati 500mg 2TID for 30days

Investigations

Hb- BT: 5.2 gm/dl AT: 10.8gm/dl

UREA

Before treatment Urea- 169mg/dl

After treatment Urea- 64mg/dl

Serum creatinine

Before treatment: Serum creatinine – 8.44mg/dl

After treatment: Serum creatinine – 6.65mg/dl

EGFR Levels

BT: 4.5 ml/min/1.73m^2

AT: 13.8ml/min/1.73m^2

RESULTS

SL NO	Parameters	BT	AT
1	Dourbalya – Fatigue	++	+
2	Anavasthita udara utseda- Swelling	2	1
3	Padashotha – Pedal oedema	2	0
4	Gandaakshi kootashotha -Periorbital edema	3+	0
5	Siratanutwa – Prominent thin veins	0	0
6	Angavivarnata – Discolouration	0	0
7	Sashoola mutrata- Dysuria	+	AB
8	Alpamutrata- oliguria	1	0
9	Raktamootrata –Hematuria	0	0
10	Serum creatinine	8.44	6.65
11	Hb	5.2	10.8
12	Urea	169	64
13	eGFR levels	4.5	13.8

DISCUSSION

Basti and Vankshan are origin place (moolsthana) of mootravaha srotas. Since anatomically viewing kidneys are situated near to vankshan, we can consider (Vrukka) as origin place of mootravaha srotas. From kidneys 'Dravamala' is converted into mootra and passes to basti from where it is excreted out. “Pakwashayagatstra nadyo mootravahastu yaah. Tarpayanti

sada mootram saritah sagaram yatha. Sookshamtwa nnopalabhyate mukhanyasam sahasrashah. Su.sha. As main function of separation of ahar ras into Purisha and mootra occurs in (Sthulantra) i.e. (Pakwashaya) then it comes to kidneys and from kidney to basti.

'Ksheenasya' i.e Ksheena purusha. Ksheena purusha is susceptible to develop Mutravaha sroto dusti. Ksheena refers to Ksheena kaya as well as Bala ksheena. Bala is of two kinds. Bala refers to the bulk/physique of an individual obtained by Vyayama. Bala also refers to Abhyantara bala i.e, Ojas. In the present context Bala should be considered as Abhyantara bala. There are different factors attributed for Bala heena or Durbala. They are Swabhava, Dosha and Jara.

Swabhava refers genetic factors, Dosha refers to diseases due to lifestyle and environmental factors and Jara refers to geriatric issues. Genetic factors of illness depends on the Karma of an individual. The very existence of every creature born is because of Karma – Past life deeds.The sins of past life may vary –less or more. When there is durbala karma, there will be family history of illness either rooted to one of the parent. When there is balavan karma, there will not be family history for the illness, suffering from less or durbala karma will explain the genetic susceptibility where as more or balavan karma will indicate the mutation. Kshaya as a consequence of Dosha prakopa, primarily indicates dhatukshaya because of chronic diseases or dhatu kshaya secondary to Margavarana related diasese.

Dhatu kshaya clinically manifest in two ways. Sadya (sudden) or Chira (gradual) . Most important cause of sadya dhatu kshaya is because of Udaka kshaya – either Udaka or rasa and rakta kshaya. All the causes which results in volume loss are considered as Kshaya hetu. Shonita srava, mala atipravrutti are the important among them. Mutraghata is one of the upadrava of vishoocika and is because of sadhya ksheena hetu.

CONCLUSION

The present case has been treated with certain limitations still a marked improvement is sought both based on biochemical and radiological parameters. As per the based on chikitsa siddhanta of Vrikkarogas, all the treatment modalities mainly Basti which is best indicated in pakwashayagata rogas has been adapted with different combination of mutravirechaniya, mutravirajaneeya and mutrasangrahaneeya dravyas. Hence the above said treatment comprises well standard treatment protocol for the management of Chronic Kidney Disease.

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