



# BASTI KARMA AND SHAMAN AUSHADH IN CHRONIC KIDNEY DISEASE: A CASE REPORT

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**Abstract:** Chronic kidney disease (CKD) comprise gradual loss of kidney function over a period of months or years which is progressive in nature. There is rapid growth of kidney disease in India because of abrupt change in lifestyle, dietary habits, hypertension, and uncontrolled diabetes. Scope of treatment for CKD is mainly haemodialysis and transplantation which is not so affordable and outreach for everyone in India. So, Ayurveda with its wide diversity and holistic approach either in form of *Panchkarma*, *Shamana*, *Pathya-apthya* stand distinct and provide effective and safe management for CKD. Here a diagnosed case of CKD is given *Varunadi niruha basti* for 15 days followed before and after with *Sarvatobhadra Vati* as *Shaman chikitsa*. There was good improvement seen on subjective as well as objective parameters like in Bl. Urea, Ser. Creatinine, *Aruchi*, dribbling of urine and generalised weakness etc. This improves the quality of life and off course implies positive aura for the patient for further recovery.

**Key words:** *Basti karma*, *Varunadi niruha basti*, *Sarvatobhadra vati*, CKD.

## Introduction:

Chronic kidney disease (CKD) is defined as the presence of kidney damage, manifested by abnormal albumin excretion or decreased kidney function, quantified by glomerular filtration rate (GFR) that persists for more than three months<sup>1</sup>. Now days, CKD is a significant public health problem due to its high prevalence, morbidity and mortality. As per recent Indian Council of Medical Research data, prevalence of diabetes in Indian adult population has risen to 7.1%, (varying from 5.8% in Jharkhand to 13.5% in Chandigarh) and in urban population (over the age of 40 years) the prevalence is as high as 28%<sup>2,3</sup>. In India, diabetes and hypertension today account for 40–60% cases of CKD<sup>4</sup>. There are many risk factors which contribute to the disease such as age, gender, hypertension and diabetes, overuse of painkillers, Obesity, atherosclerosis, hyperuricemia, and economic status. Most of the above causative pathologies are developing in the form of lifestyle disorder day by day which may help for manifestation of CKD. CKD has five stages with clinical manifestations of deterioration in renal function in successive order. There is generally mild impairment in biochemical parameters, with renal function test, primarily followed by specific clinical features or vice versa also. If at this stage underlying causes is identified and treated, may help to achieve restoration of kidney function and to check the progress of disease into end-stage.

The conventional approach of management includes dialysis and renal transplantation, which are not easily affordable. If still can afford it, these costs have to be borne for life time and where in the complication problems after a transplant may include postoperative complication, bleeding, infection, vascular thrombosis and transplant rejection. Considering scenarios exploration of a safe, cost-effective and alternative therapy is needed, which proves to be helpful in reducing the requirement of dialysis and in postponing the renal transplantation.

To simplify assessment of CKD severity, the National kidney foundation developed criteria, as part of its Kidney Disease Outcomes Quality Initiative (NKF DOQITM), stratify CKD patients<sup>5</sup>.

- Stage 1: normal. eGFR  $\geq$  90 mL/min per 1.73 m<sup>2</sup> and persistent albuminuria.
- Stage 2: eGFR between 60 to 89 mL/min per 1.73 m<sup>2</sup>.
- Stage 3: eGFR between 30 to 59 mL/min per 1.73 m<sup>2</sup>.
- Stage 4: eGFR between 15 to 29 mL/min per 1.73 m<sup>2</sup>.
- Stage 5: eGFR of < 15 mL/min per 1.73 m<sup>2</sup> or end stage renal disease.

### Understanding of Chronic kidney disease in Ayurveda:

In agreement of the above statement, we go through the *Ayurveda* text this disease can be understood different segments in various chapters in different headings. Firstly, understanding of origin of *Vrukka* which is a *Matruj Avayava* and it is formed by *Rakta* and *Meda Dhatus*<sup>6</sup>. These *Vrukka* are source of production for *Medovaha Srotas*<sup>7</sup>. *Basti* and *Vakshana* are the controlling channels for *Mutravaha srototus*, which can be affected by impaired *Meda* and *Kleda*<sup>8</sup>. Due to obstruction of these channels by vitiated *doshas*, results in manifestation of kidney diseases. There is also description of *mutra dosha vikaras* by *Charaka acharya* and explained about *nidana* like consumption of morbid drinks and foods, suppression of the urge of micturition and sexual intercourse while having the urge of micturition, disorders of wasting or malnutrition and severe traumatic injury. There is main role played by *Vata* in the excretion of urine, *Shukra*, *Mala* and *Artava* from the body. But when this *Vata* is impaired by its natural functions it leads to the manifestation of disease of above-mentioned pathology.

### Aims and Objectives:

- To evaluate the efficacy of the *Basti* and *Shamana Aushadi* in the management of chronic kidney disease.
- To evaluate safety of the *Basti* and *Shamana Aushadi* in the management of chronic kidney disease.

### MATERIALS AND METHODS:

- This study started after patient attending the OPD of govt. ayurvedic dispensary cum panchakarma centre sector-9, Panchkula.

### HYPOTHESIS:

- Ho - There is no significant therapeutic effect of *Basti* and *Shamana Aushadi* in the management of Chronic Kidney Disease.
- H1 - There is significant therapeutic effect of *Basti* and *Shamana Aushadi* in the management of Chronic Kidney Disease.

### SOURCE OF DATA:

- Diagnosed patient of chronic kidney disease approaching the OPD of govt. Ayurvedic dispensary cum panchakarma centre sector-9 Panchkula, was selected for the study.
- Secondary data from text book, refer journal peer reviewed text etc.

### Case Report:

• A 68yr old male patient was referred to OPD of govt. Ayurvedic dispensary cum panchakarma centre sector-9, Panchkula, registration no. 43XX, appeared with chief complaint of proteinuria and impaired renal function since 8months. Patient was having associated complaints i.e., generalized weakness, *Aruchi* and dribbling of urine since 5months. He was diagnosed of hypertension in the past 30 years and was being treated with hydrochlorothiazide and telmisartan medicines. While on general checkup in 2021, he was diagnosed with DM & hypothyroidism. In 2022, USG reported about enlarged prostate with CKD and B/L renal cyst. He was already taking allopathic treatment from PARAS hospital for the same complaints. He observed that creatinine level was stuck to certain value even after following the allopathic treatment properly for the period of 8months. So, patient was willing to try Ayurveda system of medicine for further improvement. Now he approached govt. ayurvedic dispensary cum panchakarma centre in July 2022.

### Past History:

- Hypertension since 30years, Diabetes Mellitus type2-2 years, Hypothyroidism -2years and Prostatomegaly - 8months.

### Treatment History

At PARAS hospital -Tab Eternex-T 20mg od, Tab Thyronorm 50mcg od, Tab Tonact 10mg hs, Tab Voage10mg od.

Table:1 Showing Examination	
Conscious	Conscious and oriented to time and place.
Built	Moderately built
Nourishment	Moderately nourished
Edema	No edema
Pallor	NAD
Icterus	NAD
Clubbing	NAD
Lymph nodes	NAD
Skin	NAD
Nails	NAD
Weight	83kg
Height	172cm
Temperature	98.F
Blood pressure	130/80mm of Hg
Respiration rate	17/min
Pulse	86/min

Table No :2 Showing Ashta Vidha Pariksha	
<i>Nadi</i>	86 / min
<i>Mala</i>	Once / day
<i>Mutra</i>	5 -6times/day,dribbling
<i>Jivha</i>	<i>lipta</i>
<i>Shabda</i>	<i>Avishesha</i>
<i>Sparsha</i>	<i>Anushna Sheeta.</i>
<i>Druk</i>	<i>Avishesha</i>
<i>Akriti</i>	<i>Madhyama</i>

Table No :3 Showing Systemic Examination			
<b>Per abdomen</b>			
<b>Inspection</b>	Abdomen distended, umbilicus is centrally placed, no visible mass		
<b>Palpation</b>	Soft, no tenderness, no organomegaly.		
<b>Auscultation</b>	Bowel sounds are heard		
<b>Respiratory system</b>			
<b>Inspection:</b>	Shape - bilaterally symmetrical	Movement - symmetrical	Type of respiration – abdomino - thoracic.
<b>Auscultation:</b>	Normal vesicular breath sounds heard		No added sounds
<b>Cardio vascular system</b>			
<b>Auscultation</b>	S1 & S2 heard.	No added sounds	

### Investigation:

USG - reveals enlarged prostate with CKD and B/L renal cyst.

Blood report: TSH=4.18, HBA1C=5.6%, FBS=105 mg/dl, PPBS=146mg/dl, Total cholesterol=130, TG=88, HDL=40.

Urine analysis: Proteins-present, Sugar= present.

### INTERVENTION:

**Poorva karma:** Sarvanga Abyanga with Mahanarayan Taila performed for 30 to 45mins and followed by Bashpa Swedan till Samyaka Swedana Lakshana is seen.

**Pradhana karma:** Basti karma was performed as per the classical reference.

Varunadi niruha basti is given in Kala basti pattern.

Anuvasana basti was administrated with Mahanarayana Taila 70ml.

**Pashchyata karma:** The patient was asked to turn into the supine position, raised his both legs three times and his buttocks were gently patted and his palms and soles were rubbed. Patient was advised to remain on the Table till he feels the urge for defecation. After defecation they were allowed to take bath and then advised for *pathya* and *apthaya*.

**Shaman Aushadh:**

- *Sarvatobhadra vati* 1OD for 10days
- *Varunadi kwatha* 15ml with *Gokshuradi guggul* two Tablet bd before food for 1month.
- *Shaman aushadh* was given before and after *Basti karma* for one month.

Karma/days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<i>Sarvanga Abyanga with Mahanarayan Taila</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<i>Bahspa swedan</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<i>Varunadi niruha basti</i>	A	N	A	N	A	N	A	N	A	N	A	N	A	A	A	A

### Method Of Preparation Of *Varunadi Niruha Basti*:

First added 70ml *Madhu* to mortar and 10grams *Saindhava* was added, continuous churning was done to make a homogenous mixture. After that 60ml of *Mahanarayan Taila* was added slowly and stirring was continued until a uniform consistency was attained. After that 30gram of *Madan phala*, *Punarnva* and *Gokshura choorna kalka* was added respectively then *kwatha* around 350ml of *Varunadi* was added slowly and part by part for proper mixing. Then mixture was filtered through a fine sieve. Lastly it was made lukewarm and poured into enema cane which was fixed with rubber catheter and administered.

### Rationality for Sectioning *Panchakarma* Procedures:

*Ayurveda* explains the *samprapti* of a disease, vitiated *doshas* circulate in whole body and stays where there is *kha vagunya*. So, in this disease *Kapha* and *Vata* is vitiated mainly and leads to the occultation of *Basti* channels which gives rises to the symptoms. As *Rakta* and *Medha* help in the formation of *Vrukka*<sup>10</sup>, so *dusti* of *Medha* and *Rakta* which is carried by *Vata* helps in manifestation of disease with decreased filtration rate. After observing the condition of patient and stage of disease, he was advised for the *panchakarma* treatment but due to patient's inconvenience preliminarily started with *Shaman chikitsa* which shows significant improvement in objective parameters but not felt any improvements in the subjective parameters. Therefore, *Shodhana*, *VataKaphahara*, *Mootrala*, *Lekhana* and *Rasayana chikitsa* to be adopted. *Panchakarma* therapy eliminates doshas and cleanses the blocked channels also remove the accumulated toxins from the body, restore the natural balance of *dosha* and *agni* there by rejuvenate the body cells, mind and soul and helps to avoid further damage. *Panchakarma* ensuring that diseases do not reappear unless there are very strong etiological causes instead, they remove vitiated doshas from their source. So *Sarvanga Abyanga* with *Mahanarayan Taila* and *Bahspa swedan* followed by *Varunadi niruha basti* was administrated. If *Shamana* drugs are administered after proper course of *Shodhana* then it provides additional relief and thus helps in eradicating the diseases completely.

### Result:

After three months of treatment, patient got relief on subjective as well as objective parameters like in Bl. Urea, Ser. Creatinine, *Aruchi*, BPH symptom score index and generalised weakness etc.

Criteria	July 22	Nov 22(before basti karma)	Dec 22(after basti karma)	Jan2023(after parihara kala)
<b>Objective parameter</b>				
<b>Egfr</b>	35	45	-	57
<b>Bl. Urea</b>	45	38	45	-
<b>S.creatinine</b>	1.87	1.55	1.37	1.27
<b>S.uric acid</b>	6.9	3.87	-	-



Subjective parameters <sup>11</sup>				
Aruchi	4	3	0	0
Generalized weakness	3	3	1	0
BPH symptom score index	33	29	9	7

## Discussion:

In current scenario *Nidanas* include, changes in life style, irregularities in dietary habits became major issues and are responsible in manifesting a number of diseases and *Santarpanajnya & Abhishayndi ahara* (curd at night), *Vihara* (daily *Diwaswapana* which is considered as one of *Medovaha Strotodushti hetu*), the history of HTN for 30 years, along with DM and hypothyroidism manifested for development of CKD. patient is suffered with prolonged history of HTN (30years), which has a great impact on the pathogenesis of CKD by damaging parenchymal cells within the kidney and aggravates further deterioration of kidney function. All the above factors helped in *Kapha prokopa* with impairment in *gati* of *Vata* especially *Apana vayu*. Since there is involvement of *Tridoshas* in the pathogenesis of CKD, but *Kapha* is mainly responsible for obstruction of micro vessels in kidney and *Vata* helps in degeneration of the structure of kidney which eventually cumulatively turn into progressive CKD. Therefore, treatment protocol should have *Shodhana*, *Mootrala*, *Lekhana* and *Rasayana* effect. So *Varunadi niruha basti* is adopted for this patient to first cleanses the blocked channels and remove the accumulated toxins from the body, repair previously damaged tissue and to avoid further damage.

There was administration of *Sarvatobhadra Vati* before and after the *Basti karma* in this case. When observations were made on parameters before *Basti karma*, it was realized that while using *Shaman chikitsa* i.e., *Sarvatobhadra vati*, there was significant effect seen on objective parameters but subjective parameters were still in the same condition. So *Basti karma* was adopted for the case and hence significant effect was appreciated in both objective and subjective parameters. There was no adverse effect seen after *Shaman chikitsa* and *Basti karma*. Patient was more confident and relaxed after the *Panchkarma*, and have high hope from it.

- *Sarvatobhadra Vati* is explained in *Bhashjya Ratnawali*<sup>12</sup> in *Vrukka roga*. The main ingredients are *Swarna bhasma*, *Rajat bhasma*, *Abhraka bhasma*, *Loha bhasma*, *Shilajit* (Asphaltum), Purified *Gandhaka*, *Mashika bhasma*, and *Varuna* (*Crataeva nurvala*) is used as decoction. It possesses antioxidant and anti-inflammatory properties and helps to protect against the damage caused by free radicals. It also acts as *Rasayana* and may help in rejuvenation of kidney.

- As *Poorva karma* of *Basti karma* i.e., *Sarvanga abhyanga* with *Bashpa swedan* helps in the collecting the *doshas* from *shakha* and transferred to *koshta*, *swedan karma* also does the *dosha vilayana*(liquification) which are stacked to the channels deeply.


- Drugs used in *Basti karma*, mainly *Varuna*, *Gokshura*, *Punarnava* have effect directly or indirectly on kidney function. *Varuana* is having *Lekhana*, *Vata Kaphahara* property and helps in this case by removing obstruction in minute channels and its efficacy is increased more when it is given via *basti* procedure. *Punarnava* is proven for regeneration of tissue and also help in clear the *srotosanga* in *Vrukka* due to having *Ushna veerya*. *Gokshura* is included in *Mutravirechaniya gana* and does the *Anulomana* of *Apana Vata*.

- After keen observation, there was no side effect observed while treatment protocol and also in follow up period.

The combination of drugs makes hyper osmotic solution in *Niruha basti* that create movement of solvent from cells of colon towards the lumen which having *Basti Dravya* facilitates the absorption of endotoxin and produce detoxification during elimination. This process produces *Shodhana* effect by expelling toxins from body and cleanses colon. Due to highly innervation of intestine, *Basti Dravya* stimulates the nerve ending of rectum and colon, thus activate the autonomic nervous system and helps in excretion of vitiated *Doshas* and *Malas*.

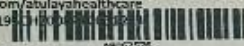
**Conclusion:** So, the combination of *Basti karma* (*Varunadi niruha basti*) and *Shaman chikitsa* i.e., *Sarvtobhadra vati* gave the good impact on kidney functioning by restoring eGFR which helped in eliminating the uremic toxins from the body. It also helps the patient in improving the quality of life and set a positive impact on body as whole. By appreciating positive result in this case, it provides scope for further evaluation on large sample size.

### Lab Report Before Treatments:



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CIN: U85195CH2008PTC031221

Visit ID: 

**Patient NAME** : ██████████  
**Age/Gender** : 69 Y 0 M 29 D / M  
**UAID/Oth.Lab Ref.** : AP06.0000001270/  
**SIN No.** : ACK60359

**Sample Collection Time** : 15/Jul/2022 10:55AM  
**Sample Received in Lab Time** : 15/Jul/2022 02:30PM  
**Reported Time** : 15/Jul/2022 03:23PM  
**Ref. Doctor** : Dr.SLLF

DEPARTMENT OF BIOCHEMISTRY				
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>Creatinine &amp; eGFR, Serum</b>				
CREATININE	1.87	mg/dl	0.40 - 1.4	Jaffes, alkaline picrate
GFR, ESTIMATED	35.85	ml/min/1.7m2		Compensated, Jaffes reaction, IDMS traceable

**Comment:**


AGE IN YEARS	GFR IN mL/min/1.73m2
20 - 29	118
30 - 39	107
40 - 49	99
50 - 59	93
60 - 69	88
70 - 79	83

Normal GFR: >=90  
 Mild decrease in GFR: 60 - 89  
 Moderate decrease in GFR: 30 - 59  
 Severe decrease in GFR: 15 - 29  
 Kidney Failure: <15

1. National Kidney Disease Clinical program recommends the use of eGFR equation to estimate or predict GFR in adults (>=20 years) with Chronic Kidney Disease (CKD).  
 2. IDMS equation is used generally for GFR <=60 mL/min/1.73m2.  
 3. Normal value of Creatinine established as per laboratory policy.  
 4. Unit <math>1 \times 3.0</math>  
 5. Each clinical value is obtained from repeat tested samples.


\*\*\* End Of Report \*\*\*

### Lab Report After Treatments:



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CIN: U85195CH2008PTC031221

Visit ID: 

**Patient NAME** : ██████████  
**Age/Gender** : 69 Y 6 M 28 D / M  
**UAID/Oth.Lab Ref.** : AP06.0000001270/  
**SIN No.** : ACX77695

**Sample Collection Time** : 12/Jan/2023 03:01PM  
**Sample Received in Lab Time** : 12/Jan/2023 04:30PM  
**Reported Time** : 12/Jan/2023 05:28PM  
**Ref. Doctor** : Dr.SELF

DEPARTMENT OF BIOCHEMISTRY				
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>Creatinine &amp; eGFR, Serum</b>				
CREATININE	1.27	mg/dl	0.40 - 1.4	Jaffes, alkaline picrate
GFR, ESTIMATED	57.04	ml/min/1.7m2		Compensated, Jaffes reaction, IDMS traceable

**Comment:**

AGE IN YEARS	GFR IN mL/min/1.73m2
20 - 29	118
30 - 39	107
40 - 49	99
50 - 59	93
60 - 69	88
70 - 79	83

Normal GFR: >=90  
 Mild decrease in GFR: 60 - 89  
 Moderate decrease in GFR: 30 - 59  
 Severe decrease in GFR: 15 - 29  
 Kidney Failure: <15

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