



EFFECT OF BASTI IN THE MANAGEMENT OF CHRONIC KIDNEY DISEASE – A CASE STUDY

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ABSTRACT:

The Ayurvedic approach to Mutravaha Srotas is highly logical, conceptual and scientific. The primary function of the Urinary system is to help for keeping the body homeostasis by controlling the composition and volume of blood. However Ayurveda explains Mutrotpatti in Pakwashaya during digestion process through the absorption of toya (Jaliyaansha) in it. Hence the factors kledata and ambuvaha srotas is tackled by the procedure Basti and which is best indicated in Pakwashayagata vyadhis.

Keywords: Vrikkarogas, Basti, 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 Moolsthana of MedovahaSrotas. 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.

Vrikka is derived from the root "Vrikkadane" means to take. It means that organ which receives and collects Rasa and Rakta from all over the body then it gives to other parts of the body and finally this process is continuous throughout the life. Kidney refers to Vrikka derived from prasadabhaga of Rakta and Medas. Mutra is one among Trimala of the body, which helps to evacuate the Kleda(waste products) from the body. The complaints of Chronic Kidney Disease can be included under BastigataVikara¹

Basti is Ardchakitsa and used to pacify vata. MustadiYapanaBasti is mentioned by Acharya Charaka. Probable mode of action of Basti can be understood (1) by absorption mechanism, (2) by system biology concept, (3) by neural stimulation mechanism, (4) by excretory mechanism. Pharmacodynamics outcome of Basti Karma may be due to functioning of the one or combined effect of all the four mechanisms. Hence a balanced approach is made that clears ama and kleda in the body and pacifies vata and kaphadosha which is effective in the management of vrikkarogas.

KEYWORDS: Vrikkarogas, Basti, Chronic kidney disease.

Introduction:

In the present era some diseases are prevailing world wide with large number of complications. Among such disorders Chronic Kidney Disease is one. Chronic Kidney disease has become most lingering disease caused due to several factors like Age more than 65 years, Diabetes type 1 and 2, Family history of renal disease, Autoimmune disease, Systemic infections, Urinary tract infections/stones Urinary tract obstructions, Recovery of acute kidney injury, Hypertensives Drug abusers: Nonsteroidal anti-inflammatory drugs, analgesics/ heroin, Neoplasia, and Low birth weight Reduced kidney mass etc.

Vrikka are considered as Moolasthanas of MedovahaSrotas as per Ayurveda. Theory of VrikkaUtpatti in Ayurveda is indistinct and distinguished in classics. Acharyas in our science have their own opinion regarding its development. Chronic Kidney Disease is exhibited for gradual loss of kidney function and results in renal failure. As the pathology mimics with Chronic Kidney Disease can be parallelly correlated to Vrikkavikaras. Vrikka is derived from the root "Vrikkadane" means to take. It means that organ which receives and collects Rasa and Rakta from all over the body then it gives to other parts of the body and finally this process is continuous throughout the life. Kidney refers to Vrikka derived from prasadhaga of Rakta and Medas. Mutra is one among Trimala of the body, which helps to evacuate the Kleda(waste products) from the body. The complaints of Chronic Kidney Disease can be included under BastigataVikara.

The conventional approach of management includes dialysis and renal transplantation, which are not affordable by Indian population mainly due to economic reasons. Therefore, exploration of a safe and alternative therapy is needed, which proves to be helpful in reducing the requirement of dialysis and in postponing the Renal transplantation.

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Case History:

Name of the patient: XYZ

Age: 46YEARS

Reg no : 7441

Main complaints:

- Swelling in right lower limb
- Poor appetite
- Nausea, vomiting
- K/C/O Hypertension since 10years
- K/C/O Diabetes Milletus since 19years

} 5years

Duration : 5years**Personal history :**

Appetite: reduced

Bowel: hard, once a day

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

Sleep: disturbed

Habits: alcoholic

General examination:

BP- 140/70mmHg

Pulse- 76bpm

RR- 20/min

Pallor- +

Icterus- absent

Cynosis- absent

Clubbing-absent

Edema- bilateral pedal edema (rt>lt)

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, Alpanutrata,Gandaakshikoota shotha, Raktamootrata

➤ Patients suffering from renal failure (GFR

Treatment given :

1. BASTI with Sukumara ghrita + vasyamayantaka ghrita
2. Niruha basti with
kokilaksha kashaya
trinapanchamoola kashaya
vastyamayantaka ghrita
madhu
shatapushpa kalka
saindava lavana
3. Gokshuradi guggulu

Investigations:

Hb- 11gm/dl

Urea- 35mg/dl

Serum creatinine-

Before treatment : Serum creatinine – 2.6mg/dl

After treatment : Serum creatinine – 1.4mg/dl

Results :

SL NO	Parameters	BT	AT
1	Dourbalya - Fatigue	++	+
2	Anavasthita udara utseda- Swelling	2	1
3	Padashotha – Pedal oedema	2	1
4	Gandaakshi kootashotha -Periorbital edema	0	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	2.6	1.4

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. ॐPakwashayatstra 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.

In this way urine formation occurs. In diabetic patients there is kapha prakop and Dhatwagnimandya, due to which there is excessive production of malroop kleda resulting in more production of mootra. In patients of diabetic nephropathy this process of urine production gets hampered in later stage leading to increased BU and Sr.Creatinine levels, which we can be correlate with kleda bhag. As earlier explained kidneys filter unwanted waste matter from blood but in this patient of diabetic nephropathy due increased waste matter i.e. kleda kidneys work load increases. Due to this kidneys fail to do their function of filtration resulting in low production of urine.

Due less urine production 'Mootrasya kleda vahanam' doesn't takes place and more kleda accumulates in body.

Sukumara ghrita is vata and pitta shamaka. It is mainly indicated in Shotha and Udararoga. It contains Punarnava as main ingredient which acts as diuretics and also other drugs which are indicated in inflammation. Ksheeravidari helps in improving the kidney functioning. Eranda which strengthens urinary system.²

Vastyamayantaka ghrita is another formulation from Sahasrayoga. It is vata and pitta shamaka. It contains many ingredients among which gokshura, musta, pashanabheda etc acts on urinary system and helps in improving functioning of kidney and other urinary problems.³

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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