



Research Article

USEFUL CONSERVATIVE TREATMENT IN THE MANAGEMENT OF CHRONIC RENAL FAILURE: A PILOT STUDY

Borkar Sunil S.¹, Rathi Arun N.²

¹ Associate Professor, Dept. of Kayachikitsa, Shri Gurudeo Ayurveda College, Gurukunj Ashram, Maharashtra.

² HOD & Professor, Department of Kriya-Sharir, Dr. V. J. D. Gramin Ayurved Mahavidyalaya, Patur, Akola.

*Corresponding Author: Dr. Rathi Arun N., E-mail: sborkar25@gmail.com

Article Received on: 01/12/2017

Accepted on: 27/12/2017

ABSTRACT:

Chronic Renal failure (CRF) is one among various chronic disorders, where progressive loss in renal function over a period of months or years happens. Often, chronic kidney disease is diagnosed as a result of screening of people known to be at risk of kidney problems, such as those with high blood pressure or diabetes and those with a blood relative with chronic kidney disease. *Brihtayadi Kashaya* of *Tridoshaja Mutrakriccha rogadhikara* of text *Chakradutta* was used for *Niruha Basti* in the management of CRF patients. It shows very significant improvement in disease condition.

KEY WORDS: Chronic Renal Failure, *Brihtayadi Kashaya*, *Niruha Basti*.

INTRODUCTION:

Panchkarma is one of the unique treatment procedures of *Ayurveda*. Among that *Basti karma* is important one, because its sphere of action is said to be *Apadmastak* (1). *Basti* is the superior therapeutic procedure which does various actions due to combination of various drugs. It appears as a very useful treatment procedure in the management of various disorders. Chronic Renal Failure (CRF) is a disease condition in which *basti karma* seems to be very useful type of therapeutic procedure. *Brihtayadi Kashaya* of *Tridoshaja Mutrakriccha rogadhikara* of text *Chakradutta* (2) was used for *Niruha Basti* in the management of CRF patients. It shows very significant improvement in disease condition.

Current Scenario of management of CRF:

CRF is a disease condition where renal injury of a more prolonged nature often leads to progressive and irreversible destruction of nephron mass. Irrespective of cause, eventual impact of severe reduction in nephron mass is an alteration in function of virtually every organ system in body. A metabolic and endocrine function of kidney is impaired and the inexorable course to renal failure often is accompanied by anemia, malnutrition, impaired metabolism of carbohydrates, fats and proteins, and defective utilization of energy. CRF is associated with a constellation of signs and symptoms which may or

may not include reduced urine output but always include elevation in serum creatinine and bl.urea concentrations. The usual hallmark of CRF is reduced kidney size as seen by ultrasound scanning.

Conservative therapy, dialysis, and transplantation are the three current treatment modalities used by modern medicine in CRF. Patients of serum creatinine level below 8mg/dl are managed by conservative therapy which includes restriction of dietary sodium and proteins intake and foods rich in phosphates and potassium. Early use of conservative therapy helps in slowing the progress of renal disease. Dialysis and transplantation are the treatment of choice if serum creatinine level are consistently above 8mg/dl. The use of chronic dialysis reduces the severity and complications of disease. Over the past 30 yrs, dialysis has prolonged the lives of thousands of patient with renal insufficiency. Unfortunately even optimal dialysis therapy is not panacea, because some disturbances resulting from impaired renal function fail to respond fully, while others continue to progress.

So it is essential to manage patient properly before he needs dialysis and transplantation. Considering all these facts use of *Basti karma* with conservative or as a conservative therapy in management of CRF appears to be a very useful type of treatment modality.

Why Basti Karma is the treatment of choice?

Basti karma performs various functions in body like *shodhana*, *shaman*, *sangrahana*, *brihana*, *karshan* etc. by virtue of its content. *Basti karma* of *niruha* variety has specific property to remove *doshas* of body from *pakwasaya* and establish the equilibrium of *tridosha*. In same way *Brihtyadi Niruha Basti* expel out accumulated *doshas* from body. *Antra* (intestine) is considered as a second kidney of body by surgeons. In CRF renal insufficiency leads to accumulation of toxins in body. Removal of these accumulated toxins from body is essential part of treatment in management of CRF. *Brihtyadi Niruha Basti* help to remove the accumulated *doshas* of *vrikka* while expelling the *doshas* from *antra* (intestines). Content of *Brihtyadi Niruha Basti* through systemic absorption reaches to *vrikka* and help to improve the functional capacity of nephrons, slow the progression of disease, minimizes the complications and helps to prevent long term sequel of disease.

Brihtyadi Niruha Basti:

Brihtyadi Kashaya of *Tridoshaja Mutrakriccha rogadhikara* of text *Chakradutta* was decided to use in *niruha basti* in the management of CRF patients.

Contents of *Brihtyadi Niruha Basti*:

Brihati

Kantkari

Patha

Yashtimadhu

Indrayava = *Quath 960ml + Madhu + Saindhava + Teel taila + Kalka (ShatavhaChurna)*

Clinical Study:

Present study was conducted in nine patients of Sangrampur Tq. locality of Buldhana district. All nine patients were of medico-renal disease of unknown etiology with sonologically observed small size kidneys. Among Nine patients, only one patient had Serum Creatinine level of 8mg/dl, otherwise remaining 8 patients were in range of 3-5mg/dl at the time of registration. *Brihtyadi Niruha Basti* was administered in every patient for fifteen days with *matra basti* of *Yashtimadhu* or *Narayana taila* as per need of individual patient. Depend upon the *shodhanaharta* number of *niruha basti* was administered.

OBSERVATIONS:

Course of *Brihtyadi Niruha Basti* shows average fall of 3 to 4 mg/dl of Serum Creatinine concentrations and average fall of 20 to 30 mg/dl of Bl.Urea level was observed in every patient. Patient shows average improvement of Hemoglobin upto 2gm%. Clinically shows improvement in well being,

weakness, anorexia, headache, and dyspnea. Though there is no Sonologically any improvement in size of kidneys was found in any patient.

DISCUSSION:

According to *Ayurveda*, *Vrikka* is made up from *Rakta* and *Meda dhatu* in intra-uterine life of person. So, in disorders of *Vrikka* it will be rationale to use such medicine which has action over *rakta* and *meda dhatu* and which has *mutral* action. All the ingredient of *Brihtyadi quath* has *mutral* (diuretic), best *vatashamak* and *shothahara* (anti-inflammatory) properties. *Brihati* and *Kantkari* both are used in the management of *Mutrakriccha*. *Patha* has *shamak* (pacificatory), *grahi* (astringent) and *balya* (strengthen) action over mucus layer of genito-urinary tract. *Yashtimadhu* pacify irritation of urinary tract and it has very good *rasayana* effect. *Indrayava* is *tridoshghna* in property.

All these drugs when used through *Basti karma* it appears to be very useful in management of CRF like chronic disorders.

CONCLUSION:

- *Brihtyadi Niruha Basti* may expel out accumulated toxins via *pakwashaya* to regulate the function of kidney.
- *Brihtyadi Niruha Basti dravya* by their action potential may slow the progression of renal insufficiency.
- Clinical trial shows *Brihtyadi Niruha Basti* appears as a useful conservative therapeutic procedure in the management of CRF.
- Though present clinical trial was conducted on very few patients with few parameters. It is necessary to carry further advance research on very good no. of patients with classical subjective and objective parameters.

•

REFERENCES:

1. Agnivesa. Charak Samhita. Chikitsa Sthan. 7/22,28 by Vaidya Yadavji Trikamji Acharya. Varanasi: Chaukhamba Surbharati Prakashan; Reprint 1992.
2. Chakrapanidutta. Chakradutta, Mutrakriccha Chikitsa Adhyaya. 15 by Prof. Ramnath Dvivedi. Varanasi: Chaukhamba Sanskrit Sansthan; 3rd edition, 1997. P.No.206

Cite this article as:

Borkar Sunil S., Rathi Arun N., Useful Conservative Treatment In The Management of Chronic Renal Failure: A Pilot Study, ADJIM 2017; 2(4), p. 179-180