



Case Study

A CASE STUDY SHOWED THAT *GUDA-ARDRAK KALPA* IS EFFECTIVE IN THE MANAGEMENT OF CKD

Madan Prateek^{1*}, Singh N.R²

*¹P.G. Scholar, ²Professor & H.O.D, PG Department of Kayachikitsa, Ch. Brahm Prakash Ayurveda Charak Sansthan, Khera Dabar, Najafgarh, New Delhi, India.

ABSTRACT

Chronic Kidney Disease (CKD) includes many pathophysiological processes related to impaired renal function and decreased reformist Glomerular Filtration Rate (GFR). The rapid economic development and globalization have promoted the progress of epidemiology, which has led to rapid urbanization, major changes in lifestyle, and changes in eating habits. Regarding non-communicable or suspicious lifestyle diseases such as hypertension, diabetes, coronary artery disease, malignant tumor and Chronic Kidney Infection (CKD), here we describe in detail the CKD case of a 30-year-old patient. There is no direct description of infection in Ayurvedic science, so we can only compare the disease and Ayurvedic view points based on the comprehensible understanding of Ayurvedic cases. This is an agreement with a good cure effect. *Guda-Ardrak* (*Electuarium Ginger-Jaggery*) was used in *Kalpa* (a separate Ayurvedic therapy) with milk for 19 days. This seal exhibits reduced serum creatinine levels, increased appetite and increased alertness. This case study shows that *Guda-Ardrak Kalpa* is an effective CKD treatment option.

KEYWORDS: Ginger, Jaggery, *Kalpa Chikitsa*, CKD.

INTRODUCTION

Persistent infection has become a serious common disease. Ayurvedic science cannot directly describe diseases, so we can only use common signs and manifestations to compare diseases and Ayurvedic thinking. Persistent sicknesses account for 60% of all deaths worldwide. In low-income nations and central nations, the incidence rate is continuously changing.^[1] The global annual growth rate of patients with end-stage renal disease is 7%.^[2,3] For concentrates from a single operator, the recommended ratio is 100 [pp]^[4,5] per million population. In the Delhi survey, the incidence of CKD was 79%, which included 4,972 adults. The study used serum creatinine limit >1.8mg/dl to characterize CKD, thus underestimating the prevalence^[6]. Another test conducted by Manietal in a town in southern India showed that the prevalence of GFR was less than 15ml, uncertain (16.4%), chronic glomerulonephritis (13.8%), arterial hypertension (12.8%), renal tubular intestine infection (7%), obstructive skin disease (3.4%), major autosomal polycystic kidney disease (2.5%), renal vascular disease (0.8%), kidney The transplantation failed (0.3%), others (11.7%). The clinical and conservative aspects of chronic kidney disease include fluid, electrolyte and caustic problems, potassium homeostasis, metabolic acidosis, calcium and phosphate digestion problems,

cardiovascular disease, coronary artery disease, heart failure, left ventricular hypertension and Frustrated. And pericardial infections, hematological abnormalities include paleness, neuromuscular abnormalities, GT and health abnormalities, endocrine and metabolic abnormalities^[7]. Methods of evaluating patients with CRF include medical history and physical examination. Research facilities include KFT, serum calcium, phosphorus, PTH bank for metabolic bone disease, hemoglobin, iron, folic acid, folic acid, 24-hour urinalysis, imaging, and kidney biopsy^[8]. CRF treatment focuses on the underlying cause of CRF. In order to promote the progress of CRF, attention should be paid to limiting protein, reducing intraglomerular hypertension and proteinuria, controlling blood sugar levels and controlling complications. Finally, you can choose renal replacement therapy.

Case Report

A 30 year old female patient came to Ch. Brahm Prakash Ayurved Charak Sansthan, Khera Dabar, O.P.D. on 09-1-2020 with following chief complaints of breathlessness, swelling in bilateral lower limb, nausea, indigestion since 6 months.

Associated Complaints: Pain in small joints of hand and foot, weight loss, generalized weakness, abdominal discomfort.

History of Present Illness

The patient was very asymptomatic 1 year prior. Slowly he created torment in little joints of foot beginning from toe (pricking type, related with delicacy and growing, really during evening) which later on elaborate all little joints of hands including wrist joint. His blood uric corrosive was discovered to be raised. He took treatment from current expert however didn't get any improvement. At that point after some time he continuously created trouble in breathing (first and foremost happen on effort then orthopnea happen). Later on he created swelling in B/L L/L (really during evening hours, pitting type). On additional investigation he was diagnosed as CHF and was treated accordingly. He got symptomatic relief however swelling on B/L L/L failed to subside and his Blood carbamide and Sr. creatinine level was found to be raised. He took fashionable treatment, however the condition failed to improve. Thus the patient came to CBPACS for additional treatment with more complaints.

Past history: No H/O DM, TB, no any surgical history.

K/C/O: HTN (140/100mmhg)

Drug history: Iron tablet, Amlodipine (5mg) tab OD, Tab Calcium, Vit D3 1 tab BD. Patient was taking this treatment since 4 months, dialysis 2 times in last 15 days.

Family History: No any relevant family history.

Vitals at time of first visit to CBPACS- B.P. 140/100mm of Hg, Pulse-72/min, Afebrile, R.R-18/min

Physical Examination: General condition- fair, Pallor⁺, Icterus⁰, Cyanosis⁰, Clubbing⁰, Pedal Oedema with facial puffiness, Lymph node not palpable, Respiratory system- NAD, CVS-NAD, GIT-NAD, CNS-NAD

Investigations Done

Blood examination: (on dated 23-12-2019)

CBC: Normal

ESR: Normal

KFT

Serum urea- 121mg /dl

Serum creatinine- 4.4mg/dl

Uric acid- 9.3mg/dl

Blood Sugar

FBS- 89mg/dl

PPBS- 93mg/dl

On this basis patient was diagnosed to be suffering from *Mutravaha Srotodusti* and hence drugs that would expel out the lodged *Kapha* and clear the *Srotas* as well as kindle the *Agni* and facilitate *Vata Anulomana* was preferred.

Timeline

Date	Intervention/Evaluation
9.1.2020	Assessment in OPD
10.1.2020	Initiation of the <i>Guda- Ardrak kalpa</i> for 19 days
28.1.2020	Patient came for follow up post intervention

Diagnosis

- The starting pathology of the contamination started out with contribution of several little joints. On lab exam uric corrosive level determined to be raised which afterward saved in several little joints causing joints in- blazed and delicate.
- Comparing such sort of affidavit on Ayurvedic boundary it's miles very quality that there could be *Srotorodha* which make this declaration practicable.
- As *Srotorodha* is absurd without *Kapha* and *Ama Vridhi*. So there is practicable *Ama Dosha Utapatti* at severe level. The practicable purpose at the back of on the way to be *Jatharagni mandya* which similarly prompts *Dhatvagni mandya* and association of *Ama* at *Jathar* simply as *Dhathu* level.

Therapeutic Intervention

Day	Date	Guda	Ardrak	Milk
1	10.1.2020	2.5gm	2.5gm	100ml
2	11.1.2020	5.0gm	5.0gm	150ml
3	12.1.2020	7.5gm	7.5gm	200ml
4	13.1.2020	10.0gm	10.0gm	250ml
5	14.1.2020	12.5gm	12.5gm	300ml
6	15.1.2020	15.0gm	15.0gm	350ml
7	16.1.2020	17.5gm	17.5gm	400ml
8	17.1.2020	20.0gm	20.0gm	450ml

9	18.1.2020	22.5gm	22.5gm	500ml
10	19.1.2020	25.0gm	25.0gm	550ml
11	20.1.2020	22.5gm	22.5gm	500ml
12	21.1.2020	20.0gm	20.0gm	450ml
13	22.1.2020	17.5gm	17.5gm	400ml
14	23.1.2020	15.0gm	15.0gm	350ml
15	24.1.2020	12.5gm	12.5gm	300ml
16	25.1.2020	10.0gm	10.0gm	250ml
17	26.1.2020	7.5gm	7.5gm	200ml
18	27.1.2020	5.0gm	5.0gm	150ml
19	28.1.2020	2.5gm	2.5gm	100ml

2.5gm of *Guda* (Jaggery) and 2.5gm *Ardrak* (Ginger) became made into *Kalka* shape and became given orally with *Anupana* of 100ml warm milk early with inside the morning empty stomach on day 1. On 2nd day 2.5gm of *Guda-Ardrak* and 50ml milk became expanded. As consistent with the above mentioned *Vardhman* manner, 2.5gm of *Guda-Ardrak* and 50ml milk became expanded every day for 10 days achieving a most dose of 25gm *Guda* and *Ardrak* every and 550ml of milk on tenth day. From eleventh day onwards, 2.5gm of every *Guda-Ardrak* and 50ml milk became decreased orderly every day achieving the quantity of preliminary dose on nineteenth day. The affected person became given a chart citing date smart dose of medication to be taken. She became requested to position a pass mark at the date column once the medication became taken and became requested to expose the chart on following visit. Also she became supplied with a 5gm measuring spoon and 50ml measuring disposable cups to make sure the compliance.

Follow Up and Outcomes

Date	10.1.2020	28.1.2020
Blood Urea (mg/dl)	121	43
Sr. Creatinine (mg/dl)	4.4	3.63
Sr. Uric Acid	9.3	9.1

DISCUSSION

- The introductory pathology of the infection started out with affiliation of numerous little joints. On lab exam uric corrosive level observed to be raised which in a while stored in exceptional little joints causing joints in-flared and delicate.
- Comparing such form of testimony on Ayurvedic boundary it's miles very worth that there might be *Srotorodha* which make this declaration manageable.
- As *Srotorodha* is inconceivable without *Kapha* and *Ama Vridhi*. So there may be manageable *Ama Dosha Utapatti* at several levels. The manageable cause at the back of in order to be *Jatharagnimandya* which in addition prompts *Dhatvagnimandya* and improvement of *Ama* at *Jathar* simply as *Dhathu* level.
- So remembering the route cause, the goals set for the remedy are
 - *Aam Doshapachan*
 - *Srotosodhana*
 - Improve personal satisfaction

Probable Drug of Action

Ardraka^[9]

Gunakarma

- *Rasa - Katu*
- *Vipaka - Madhur*
- *Guna - Ruksha, Tikshna, Guru*
- *Virya - Ushna*
- *Karma - Kapha- Vatashama*

Effect on Annawaha & Purishwaha Strotasa- *Agnidipana, Amapachaka, Vatanulomana,*

Guda

Gunakarma

- *Rasa - Madhura*
- *Vipaka - Madhura*
- *Guna - Alpa Ushna, Snigdha*
- *Virya - Ushna*
- *Karma - Tridoshashamak*

Deepan, Pachan, Anuloma, Vrishya, Hridya, Mutra-Raktashodhak & Krimi, Pittaghna, Vatashamaka.

CONCLUSION

Ayurvedic executives confirmed development in medical symptoms of CKD. This remedy technique was protected, possible and practical. Planning approached by following the Ayurvedic requirements become being valuable. This type of remedy can assist in diminishing the recurrence of want of disaster meds; fighting and forestalling the consequences of lengthy haul usage of Dialysis and enhance the non-public satisfaction.

REFERENCES

1. World Health Organization: Preventing Chronic Disease: A Vital Investment. Geneva, WHO, 2005
2. Reddy K S, Shah B, Varghese C, Ramadoss A. Responding to the threat of chronic diseases in India. Lancet 2005; 366: 1744-1749.
3. Lysaght MJ. Maintenance dialysis population dynamics: current trends and long-term implications. J Am Soc Nephrol 2002; 13: 37-40.
4. Jha V. End-stage renal disease in the developing world: the India perspective. Renal Failure 2004; 26: 201-208.
5. Sakhuja V, Sud K. End-stage renal disease in India and Pakistan: burden of disease and management issues. Kidney Int Suppl 2003; 83: S115-S118.
6. Agarwal SK, Dash SC, Irshad M, et al. Prevalence of chronic renal failure in adults in Delhi, India. Nephrol Dial Transplant 2005; 20: 1638-1642.
7. Harrison's principle of Internal medicine edited by Antony S. Fausi, Eugene Braunwald, Dennis L. Kasper, Stephen L. Hausery Dan L.Longo, J.larcalzry jaameson, Joseph Loscalzo, Volume 11, 17th edition, Page No- 1763-1768.
8. Harrison's principle of Internal medicine edited by Antony S.Fausi, Eugene Braunwald, Dennis L.Kasper, Stephen L. Hausery Dan L.Longo, J.larcalzry jaame- son, Joseph Loscalzo, Volume 11, 17th edition, Page No-1769.
9. Shashtri Kashinath, Chaturvedi Gorakhnath, Charaka Samhita, Vidyotini hindi commentary, Sutra Sthan Vatavyadhi chikitsadhyaya, Chaukhambha Bharati Academy, Varanasi, 2007, 27/296, Page No- 560.

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*Address for correspondence

Dr Madan Prateek

P.G. Scholar,

PG Department of Kayachikitsa,

Ch. Brahm Prakash Ayurveda Charak

Sansthan, Khera Dabar, Najafgarh,
New Delhi.

Email: madanprateek31@gmail.com

Phone: 7568387883

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