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Case Study

A ROLE OF *PUNARNAVADI KSHIR BASTI* AND *PUNARNAVADI KWATHA* IN THE MANAGEMENT OF CHRONIC KIDNEY DISEASE (CKD)-A CASE STUDY

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ABSTRACT

Kidney is the most useful organ for maintain the homeostatic balance of body fluids by removing waste out of body. Chronic kidney disease (CKD) refers to irreversible deterioration in renal function which develops over period of years. In CKD treatment of choice is dialysis and renal transplantation which is more cost and complexity can't afford for every CKD patients and few patients are able to obtain adequate treatment for kidney disorders. Therefore required safe and alternative therapy is needed which helpful in reducing the requirement of dialysis and the renal transplantation. *Punarnava* can rejuvenates the dying cell and help to revive the dying organ of the body. As the *Gokshura* 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. *Basti* is the treatment mostly effective on *Pakvashaya* in which urine formation carried out and *Punarnavdi basti* rejuvenates the dying cell and improve in renal function. In this study first 12 days patients given *Punarnavadi basti* and *Kwath* then only *Kwath* is continues and the result is improved in renal function by reducing the value of serum creatinine and blood urea. From we suggestive that *Punarnavadi kshir basti* and *Punarvadi kwath* in chronic renal failure the improvement in renal function and general condition is observed.

KEYWORDS: Chronic kidney disease (CKD), Punarnavadi kshir basti, Punarnavadi kwath.

INTRODUCTION

CKD is the presence of kidney disease, or a decrease level of kidney function for a period of 3 month or more. It usually affect both kidney.CKD is rarely reversible and leads to progressive decline in the renal function. Reduction in renal mass leads to hypertrophy of the remaining nephrons with hypertrophy of the remaining nephrons with hyper filtration and the progressive glomerular sclerosis and interstitial fibrosis.^[1]

Chronic kidney disease had always remained a major area of concern for physicians. Incidence of kidney disease leading to kidney failure are increasing day by day. Some people develop irreversible kidney disease called chronic renal failure or Chronic kidney disease.

The treatment of chronic kidney disorders consist of treatment of the underlying caused if possible, and other symptoms, liquid and diet control cessation of smoking, use of various pharmacological drug. But with progressive end-stage disease, restoration of kidney function can only the possible with dialysis or a kidney transplant. So the treatment modalities are very costly and may not be affordable by all.

In Ayurveda CKD, described as a *Mootra dosh vikar* and causes of edema. Both Kidney are root of *Medovaha srotas*. According to Acharya charak the causes of *Mootra dosha vikar* are vitiated by the intake of drinks and food, sexual intercourse while having the urge for micturition, and suppression of the urge of micturition, disorders of wasting or malnutrition and severe traumatic injury. The pathogenesis of kidney disease is not separately mentioned. It can be included in *Prameha*,

Mutra dosha, Mutra krichha, injury of Vankshana, Ashmari (stone diseases) and odema (Sotha) etc. In Charak samhita described that Kidney and bladder are the root (controlling organ) of the channels carrying urine and fat, the opening of these channels get affected by fat, Mansa and liquid Dhatus of the body. The vitiated Doshas while coming in contact with the opening of these channels obstructs them. This result in the manifestation of kidney disease. Which become chronic or incurable due to the affection of all the qualities of Doshas and also due to the simultaneous vitiation of homogenous and heterogenous dhatus. [4]

Punarnava can rejuvenates the dying cell and help to revive the dying organ of the body. [5] *Basti* is the treatment mostly effective on *Pakvashaya* in which urine formation carried out and *Punarnavdi basti* rejuvenates the dying cell and improve in renal function.

As the *Gokshura* has diuretics and *Rasayana* properties also beneficial in the chronic renal failure.^[6]

AIM AND OBJECTIVE

To evaluate the role of *Punarnavadi kshir Basti* and *Punarnavadi kwatha* in the management of Chronic Kidney Disease (CKD).

Drug profile *Punarnava*

Family: *Punarnava kula* (Nyctaginaceae) Latin name: *Boerhavia diffussa* linn

Constituents: Alkaloids

Properties

Rasa: Madhura, Tikta, Kashay

Virya: Ushana Vinak: Madhura

Karma: Anulomana, Shothhara, Dashmula

Place of work

Clinical study was performed at Government Ayurved Hospital, Nanded.

Case report

A female patient of age 60 yrs. came in OPD of Shalyatantra Government Ayurveda. College & Hospital Nanded presenting complaint of-

1. Bilaterally swelling on legs.

2. Pitting edema

3. Loss of appetite

4. Anemia

5. Weakness

6. oliguria

On examination:

General condition was afebrile

Pulse-86/min

Blood pressure-140/86mmhg

Pallor present, no Icterus

Systemic examination-RS-AEBE

 $CVS\text{-}S_1S_2$ normal

CNS-well oriented

p/a -soft non tender, liver, spleen not palpable

Astavidhparikshan

Nadigati-86/min Mala-samyak Jivha-alpasama Mutra-samyak

Sparsha-ruksha

Druk-samyaka

Akruti-madham

Present illness

Patients had developed above complaint before 1 years and for its management they visited OPD of *Shalya*.

Past history

Before that patients admitted in private urology hospital and taken intravenous antibiotics for 5 day and for further management advice to take dialysis which is not affordable for this patients hence came in OPD of *Shalyatantra* in Govt Ayurveda Hospital, Nanded.

Signs

Pitting edema on both legs

Pallor present

Investigation

USG-On admission USG revels: Grade 1 to 2 medical renal disease with changes of bladder cystitis.

Blood report: HB-8.9mg/dl

KFT: serum creat-8.2 mg/dl, Blood urea-96.05 mg/dl

Urine analysis: proteins-present

Pus cells-20-30/hpf.

DIAGNOSIS: The condition was diagnosed as medical renal

disease (CKD) disease.

METHODOLOGY

MANAGEMENT

- Punarnavadi kshir basti given for 12 days
- Daily Gokshur, Punarnava, Kwath (Punarvadi) -10ml twice a day.

Preparation of Punarnavadi Kshir Basti

By making the decoction (*Kwatha*) of *Gokshur* and *Punarnva* then add 50 ml of milk then boiling and 70-80 ml of lukewarm of *Punarnavadi Kshir Basti* given to the patient.

Assessment Criteria

Table 1.Patients assessment criteria

On admission	After 15 days	After 1 month	After 6 month	After 1 yr
Sr.creatinine= 8.2 mg/dl	3.16 mg/dl	2.35mg/dl	2.41mg/dl	2.80 mg/dl
Blood urea-96.05 mg/dl	75.23 mg/dl	65.56 mg/dl	58.34 mg/dl	50.36 mg/dl
Urine analysis proteins-present	Present	Absent	Absent	Absent
Urine analysis pus cells-20-30/hpf	1-5/hpf	5-10/hpf	0-5/hpf	1-5/hpf

RESULT

Patients gets relief and exempted from dialysis. The general condition also improved, pitting edema reduced.

DISCUSSION

Chronic renal failure is a disease of *Mutravahastrotas*, 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.^[1]

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*.^[2]

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 kshir basti* help in chronic renal failure by rejuvenates the dying cell and help to revive the dying organ of the body.^[3]

In *Charak Samhita Sidhisthana Punarvadi kshir basti* mentioned for *Sarvadoshnashana*^[4], 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* 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.^[6,7]

According to Ayurveda principle of management of the disease, tissue damage can be prevented and repaired by *Rasayana* for *Mutravaha Strotas* because they have the capability to improve qualities of tissue and hence increase resistance of the tissue. It increase urine filtration by causing *Rakta bhar vridhi* whereby it acts as *Shothaghna* and overcome *Mutrakrichha*. On the other hand blockage removed by *Lekhana* action having scraping effect on blockage channels. It is good diuresis accompanied by increase sodium excretion. Ethyle chloride extract from the *Punarnava* anti-inflammatory activity in CKD.^[9]

CONCLUSION

In this study by giving the *Punarnavadi kshir basti* and *Punarvadi Kwath* in chronic renal failure the improvement in renal function and general condition is observed. So from that we suggestive above treatment is beneficial in chronic renal failure and reducing the requirement of the dialysis and renal transplant. As this treatment is cost-effective and without any side effect may be beneficial for the CKD patients.

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