

ROLE OF GURUCHISIDDHA KSHEER BASTI ALONG WITH KAISHOR GUGGUL & AMRITARISHTA IN VATARAKTA

Ritu Wadhwa¹, Jaya Ghore²

¹M.D Kayachikitsa, Professor. Panchakarma, ²M.D Kayachikitsa, Associate Professor Panchakarma Department of Panchakarma School of Ayurveda, D.Y.Patil University, Nerul, Navi Mumbai, Maharashtra, India

ABSTRACT

To assess the effect of *Guruchisiddha ksheer basti* along with *Kaishor guggul & Amritarishta* in *vatarakta* Mrs. Rabia Khatun's case was observed. 15 days course was design that included *Kaishor guggul* 250mg t.d.s & *Amritarishta* 20 m.l. b.d. after meal as internal medicine & *Guruchi siddha kshir basti* 360 ml (*madhu* 50 ml+ *pind tail* 50 ml+10 gm *guruchi chur-na*+250 ml *guruchi siddha kshira*). This combination of treatment was found very effective as patient got complete relief from it.

Key words - *Vatarakta, guruchi siddha ksheer basti, ubhayashrita vatarakta*

INTRODUCTION

Now-a-days with the march of time, dietary habits, lifestyles and environment have been changing. Due to these changes in everyone's life, there are many health related problem occurs widely all over, resulting in many systemic diseases. Amongst this, Joints & musculoskeletal diseases affecting majorly in second and third decades of ages which takes the form of chronicity and deformity. *Vatarakta* is also one of the joint diseases which are explained in Ayurveda with a different etiopathogenesis from other joint diseases. This case study will be attempted for proper management of *vatarakta* as per Ayurvedic classics.

Vatarakta is a medical condition that usually present with recurrent attack of acute inflammatory arthritis (red, tender, hot & swollen joint) it is caused by elevated level of uric acid in the blood. The uric acid crystallized in the form of monosodium

urate monohydrate (MSUM) and deposits in joints, tendons & surrounding tissues.⁽¹⁾

There is no treatment available which can prevent or reverse or block the disease process. The disease is managed by NSAID'S, analgesic drugs, diuretics, physiotherapy & corticosteroids etc. These drugs are very costly & cause unwanted side effects. Therefore it requires some alternative therapy which can cure *vatarakta* with minimum intervention and hence ayurvedic principles and management play vital role for its management. Acharya Vagbhatta said there is no alternate treatment as *ksheerbasti* for *vatarakta* ⁽²⁾. To remove the *doshas ksheer basti* is beneficial in *vatarakta* said by Acharya Charak ⁽³⁾.

Case report – A female patient aged 46 years visited Panchakarma o.p.d. of D.Y. Patil Ayurved hospital Nerul, Navi Mumbai

on 6 Nov.2013. She was having following complaints –

Chief complaints-

- pain in all joints - since 10 yrs
- burning sensation over both knee joints - since 10 yrs
- dryness in mouth
- Difficulty in walking and doing other daily work.
- *Aruchi , agnimandya*

H/O present illness

Patient was having pain, Tenderness and swelling on both knee jt.

Onset of pain was gradual within few days’ pain and tenderness started in elbow, ankle and small jts.of hands and feet.Low grade fever was noted intermittently. Pt. had these complaints since 10 yrs. with on & off episodes.

Past medical history –

No history of any previous major illness.

Family history –

No contributory

Personal history - Menopause 2 yrs back.

Ashtavidha pariksha:

Pulse – 68/min Voice- clear
 Tongue- *niram* Urine- regular
 Built- medium Eyes- *prakrut*
 Stool- regular Touch-*manda,ushna* over knee jts

Dashavidha pariksha

Region – *sadharan* Appetite- moderate
 Strength – low *Prakruti- vata-pitta*
 Disease- severe Digestive power – moderate
 Age -46 yrs mental strength- *satva- heen*
 Diet- meat consumption *kala* -10 years

General examination

Pulse -68/min
 CNS-conscious /well oriented

BP -110/70 mmhg CVS- S1 S2 clear
 Oedema –no Urine –NAD
 RS- clear AEBE P/A-soft non tender
 Stool-NAD

Pt. came with above complaints in the OPD of Dr. D.Y Patil Ayurved College on 6/11/2013 & admitted in the hospital. Pt. was advised following blood test on 07/11/2013.

CBC
 ESR
 R.A TEST
 Sr. creatinine
 Hb. -9.4
 ESR -75 mm/hr
 R.A Test – negative
 Sr. creatinine – 0.4 mg/dl
 Sr.uric acid - 7.2 mg/d

After detecting elevated sr. uric acid pt. was diagnosed *vatarakta*. Following treatment was given -

- *kaishor guggul* 250 mg 2tds
- *liq.amrutarishta* 20 ml BD

Following panchakarma was advised -

- *guduchi siddha kshir basti* from 07/11/2013 to 21/11/2013 the above t/t was given.

The severity of symptoms ↓↓
 Following test were done on 21/11/2013

CBC
 ESR
 Sr. uric acid
 Test report –
 Hb. -10.1 g/dl
 ESR -54 mm/hr
 Sr. uric acid 4.3 mg/dl

A. SUBJECTIVE PARAMETERS -
 SUBJECTIVE PARAMETERS are based on *ubhayashrita vatarakta*⁽⁴⁾.

Sr.	Symptoms	Before treatment	After treatment
-----	----------	------------------	-----------------

No.		Grade	Grade
1.	Daha (Burning Sensation)	3	0
2.	Ruja (Shotha)	3	1
3.	Toda	2	0
4.	Shotha	3	1
5.	Shavavarna Twacha	1	0

Above grading was done on the following basis-

1. **Daha** –

0 -no burning sensation

1- involvement of 1 joint

2- involvement of 2 joint

3- *Daha* all over the body

2. **Ruja-**

0- no pain for

1- mild pain

2- moderate

3- severe pain

3. **Toda-** Grading is done same as *Daha*

4. **Shoth-**

0 - no *shoth*

1- mild (0-3mm)

2- moderate *shoth* (3-6mm)-

2- severe *shoth* more than 6mm

5. **Shyavarna twacha-** grading is done same as *Daha*.

OBJECTIVE PARAMETER - Before the treatment Sr. Uric Acid was 7.2mg/dl & 4.3 mg/dl Was reported after treatment. Preparation of *guruchisiddha ksheer basti*: *Guduchi bharaad* -50 gm prepare decoction 250 ml add Milk 250ml reduced until milk remain (*madhu* 50 ml+ *pind tail* 50 ml+10 gm *guruchi churna*+250 ml *guruchi siddha ksheera*)

RESULT&DISCUSSION

Respond to the treatment was recorded and therapeutic effects were evaluated by symptomatic relief of the patient. It was observed that the patients clinical symptoms were reduced gradually after the treatment period

(Table 1).At the end of the treatment Sr .uric acid was within normal limits which was earlier more than normal. Pt. was discharged with proper diet chart & maintainance dose of internal medicine.

Since patient was having *vatarakta* with low grade fever, *guruchi* was used as orally in the form of *Kaishor guggul*, *Amritarishta* & *Guruchi siddha kshir basti* was given.*Guruchi* is having *tikta rasa* & madhur vipaka cause Rasagata dosha shaman & nutrition of dhatus in jwara. *Guruchi* eliminates mansgata aama & removes obstruction to movement of *vyana*. Thus it eliminates inflammation of joints & associated pain & fever. *Kaishor guggul* mainly contains *Amruta i.e. guduchi*. *Rogadhikaar of guduchi* is *vatarakta*⁽⁵⁾.hence it is specifically useful in the disease of *vaatrakta*. In *kaishor guggul* alongwith *guduchi*, other contents are *triphala*, *tryushan i.e.trikatu*, *vidanga*, *danti*, and *nishottar*. *Guggul* is having *yogvaahitwa guna* so it enhances the properties of *guduchi*.

CONCLUSION

It is concluded that this treatment regimen completely relieves the symptoms in *vatarakta*. These medicines can be utilized in treating patients who are suffering from *vatarakta*, to reduce both signs & symptoms successfully & with greater effectiveness.

REFERENCE

1. API Textbook of medicine seventh edition-2003, Editor Siddharth N.Shah, chapter XIX Rheumatology pg no.1157
2. Kaviraj Atrideo Gupta –A.Hr. Chapter 22/13, Fourteenth edition -2003 Editor –Vd.Yadunandan upadhyay Publisher- Chaukhambha Sanskrit Sansthan -Page no-423
3. Bramhanand Tripathi–Charak Samhita-Chikitsasthan Chapter 29/88, Publisher – Chaukhambha Surbharati Prakashan Page no.998
4. Bramhanand Tripathi–Charak Samhita-Chikitsasthan Chapter 29/23, Publisher – Chaukhambha Surbharati PrakasPage no.987
5. Bramhanand Tripathi –Charak Samhita-Chikitsasthan Chapter 29/121 Publisher – Chaukhambha Surbharati PrakasPage no.1002

CORRESPONDING AUTHOUR:

Dr. Jaya K. Ghore B.A.M.S., M.D.

Associate Prof. Panchkarma, Dr D.Y.Patil
College Of Ayu & Research Institute, Nerul,
Navi Mumbai, Maharashtra, India

Email: jpdevke@gmail.com

*Source of support: Nil
Conflict of interest: None Declared*