

## EFFECT OF *BRIHATVAATCHINTAMANI RAS* IN RHD – A SINGLE CASE STUDY

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### ABSTRACT

Rheumatic heart disease appears to be exemplary of an older era without much of advances or prospects in the current era. It still remains to be a major burden in developing countries where it causes most of the cardiovascular morbidity and mortality in young people leading to about 2,50,000 deaths per year worldwide. Thus, frequency of RHD. In developing world necessitates scientific up grad for aggressive prevention, control as well as therapeutic measures. *Brihatvaat chintamani* is an old age miraculous gold containing *Ayurvedic* formulation which is used effectively by practitioners for treating various heart ailments along with *Vaat Vyadhis*. Rheumatic heart disease in view of *Ayurvedic* ailments has striking similarity with *Sannipataj Hridrog* hence *Brihatvatchintamani* being a drug of choice for *Vaataj vikar* and its being used as one of the *Brihan* drug its ability in rheumatic heart disease can be proved on basis of its ability to enhance function of *Vyan vaayu* thereby increasing its *vikshepan karma*.

**Keywords:** *Brihatvatchintamani Ras, Sannipataj Hridrog, RHD.*

### INTRODUCTION

Rheumatic heart diseases seem in many ways exemplary of an older era without much of advanced prospect in the current era. It still remains as a major burden in developing countries where it causes most of cardiovascular morbidity & mortality in young people leading to about 250,000 deaths per year world wide<sup>1</sup>.

RHD is a disease which results from an abnormal autoimmune response to a group to of streptococcal infection in a genetically susceptible host. Further progression in strep infection causes valve damage & manifest as RHD<sup>2,3</sup>.

Although penicillin is effective in prevention of disease treatment of advanced stages still remains challenging<sup>4</sup>. More over adverse reaction & drug sensitivity has been remained a causes of concern for its use since beginning. Thus burden of RHD in developing countries & availability of limited rather single molecule as a treatment measure calls for best & effective alternative from field of *ayurveda*.

*Brihatvaat chintamani* is an old age miraculous gold containing *Ayurvedic* formulation which is used effectively for treating various heart ailments along with *vatvyadhis* Rheumatic heart disease in view of *Ayurvedic* science has striking similarity with

*sannipataj hridrog*<sup>5</sup>. In present study sincere attempt has been made to penetrate the ancient experiences & insight which are based on huge building of abstract theories. Effectiveness use of *brihatvaat chintamani* in RHD is subjected to experimental verification & validation in terms of assessment in clinical parameters & changes in objective parameter<sup>6</sup>.

**CASE HISTORY –**

A female study individual of age 39 yrs. residing in Raigad district, housewife visited to OPD with following complaints.

**PRESENTING SYMPTOMS –**

**O/E :-**

GC- fair

T- Afebrile

P- 80/min

BP- 130/80 mm of Hg

Fever, Sore throat, Gastritis, Breathlessness, Palpitation, Chest pain since 3 months.

**H/O OF PRESENT ILLNESS-**

Study individual was symptomless before 2yrs. Then, gradually started emerging symptoms like fever, sore throat and gastritis which were followed by

breathlessness, palpitation & chest pain as a consequence in a given order. She saw help from local practitioner where she has been advised certain medication details of which are unavailable but she was relieved temporarily with those line of treatment.

But relapse occurred after an interval of 4-5 months with addition of edema to previous complaints. Again she had consulted allopathic professional who prescribed her with antibiotic, anti inflammatory & antacids but she didn't follow it explicitly.

Then she approached to our OPD for further management.

**ASHTAVIDH PARIKSHA:**

*Nadi-* 80/ min, *Mal-* malavshambha, *Mutra-* samyak, *Jivha-* Saam, *Shabda-* Spashta, *Sparsh-* Anushanashita, *Druk-Prakrut,* *Aakruti-* Madhyam

**S/E:-** RS- AEBE clear, CVS- S1 murmur S2 normal, CNS-conscious, **P/A-** Soft non tender

**P/H:-** Bowel- Constipation, Bladder- Normal, Appetite- Loss of appetite, Sleep-Normal, Thirst- Normal

**INVESTIGATION ADVISED –** CBC ESR, RA, ASO, 2D ECHO

Diagnosed confirmed with 2 D ECHO LVEF- 45%

**Table 1:** Treatment plan:

Follow up	Symptoms	Treatment
5/3/2016	Fever+ Sore throat++ Gastritis++ Breathlessness+++ Chest pain++ Palpitation( on& off) Wt- 48kg	1. <i>Aampachak vati</i> 500mg TDS 2. <i>Mahasudhrashan kadha</i> 60 ml BD 3. <i>Samshamani vati</i> 250mg QDS <i>With koshna jal</i>
12/3 2016	Fever↓ , sore throat↓ gastritis ↓ Breathlessness +++ Palpitation ++ Chest pain ++ Wt- 48kg	1. <i>Aarogyavardhini vati</i> 500mg TDS 2. <i>Aampachak vati</i> 500mg TDS <i>With koshna jal</i>
19/3/2016	Chest pain + Breathlessness+++ Palpitation++ Wt- 48 1/2kg	1. <i>Brihatvaat chintamani</i> 125mg BD with <i>shrunga bhasma</i> 2. <i>Yashtimadhu sidh tail basti</i> (continue 7 days) ( <i>Specialtyhridrog</i> ) <sup>7</sup> <i>refrance. Ashtang sangrah</i> <i>With koshna jal</i>

2/4/2016	Chest pain ↓ Breathlessness ++ Palpitation + wt- 49kg	1. Brihatvaatchintamani 125mg OD With honey
16/4/2016	Palpitation ↓ wait gain – 49 ½ kg Breathlessness + Wt- 49 ½ kg	1. Brihatvaatchintamani 125mg OD With honey
30/4/2016	breathlessness ↓ wt- 50 kg	1. Brihatvaatchintamani 125mg OD With honey
30/5/2016	No symptoms Wt- 51kg	1. Brihatvaatchintamani 125mg OD With honey

**Table 2:** Result

BEFORE	AFTER
Grade 1 MR	NO MR
ASO- positive >300IU	ASO- positive >200
LVEF- 45%	LVEF- 60%
ESR-90	EST- 30
CRP-5Mg/L	CRP- 2Mg /L
Hb- 9.8 WBC- 13000	Hb-10.2 WBC-7500

## DISCUSSION

RHD is a immunologic consequence in which all components of cardiac tissue are affected. Initial course of the disease includes pericarditis, endocardial & valvular inflammation<sup>8</sup>. Thereafter valvular involvement alone result as long-term consequence. Finally it terminates as incompetence or stenosis. In view of *ayurvedic* literature it has striking similarity with *sannipataj hridrog* which include symptoms like *Jwar*, *Hridrava*, *shwaskashtata aamlodgar*.

Initial administration of *ampachak vati* & *mahasudhrashan kadha*, being *deepan*, *pachan* help in resolving inflammation. *Mahasudharshan kadha* also help in lowering down body temperature. *Guduchi* being immunomodulator, *rasayan*& antipyretic it acts at triple level.

*Arogyavardhini* is known for its *antargalnirodha* property which helps in clearing a lumen there by enhancing circulation. It also has *lekhan* property which could be effective in resolving vegetation around valvular region.

Thus the initial line of treatment works as a cleansing, *ampachan*, *strotorodhnirdhan*, *srotovikasan* once inflammation resolves then the *strotas*& *dhatu* becomes adaptive for *bruhan chikitsa*.

Hence when channels are open& clear *brihatvaat chintamani* was administered. It is known cardio tonic & said to be *hridoutejak* it also pacifies *vata*& *kapha*. *Rasasindhur* one of the main ingredient is also said to be *hrideyo uttejok* & *balya*. It is said it also nourishes *snayu*. Hence it can be said it enhances pumping capacity& elasticity of muscles in the heart. *Suvarnabhasma* is one of the cardio protective & nourishing elements. *Abhrak* is known for its penetrating (*sukshmastrotogami*) & synergetic action.

Thus overall effect of *brihatvaatchintamani* is *vatashaman hridoyuttejak*& *balya*. Its utility in RHD can be proved on basis on basis of its ability to enhance function of *vyavayu* improving strength of *snayu* & muscles thereby increasing its *vikshepan karma* & intensifying pumping capacity of the heart<sup>9</sup>.

## CONCLUSION

RHD can be correlated with *sannipataj hridrog*, *Brihatvaatchintamani* showed significant improvement in case. No adverse effect was observed. For more scientific validation study has to be conducted on more samples with specific markers.

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