

ROLE OF ARAKULADI TAILA PICHU WITH VIRECHANA KARMA IN THE MANAGEMENT OF ALLAGILLE SYNDROME: A CASE STUDY

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ABSTRACT

Alagille syndrome is an autosomal dominant genetic disorder that affects the liver, heart, kidney, and other systems of the body. Problems associated with the disorder generally become evident in infancy or early childhood. The estimated prevalence of Alagille syndrome is 1 in every 100,000 live births. The severity of the disorder can vary within the same family, with symptoms ranging from so mild as to go unnoticed to severe heart and/or liver disease requiring transplantation. An estimated 50% of term and 80% of preterm infants develop jaundice, typically 2-4 days after birth. ⁽¹⁾ Neonatal hyperbilirubinemia is extremely common because almost every newborn develops an unconjugated serum bilirubin level of more than 30 µmol/L (1.8 mg/dL) during the first week of life. In a 2003 study in the United States, 4.3% of 47,801 infants had total serum bilirubin levels in a range in which phototherapy was recommended by the 1994 American Academy of Pediatrics (AAP) guidelines, and 2.9% had values in a range in which the 1994 AAP guidelines suggest considering phototherapy. ⁽²⁾ Male patient aged 15 years complaints of Sever Itching all over the body (upper and lower limbs, abdomen and back) and yellowish discoloration of eyes since birth. Symptoms usually control on by allopathic medications and aggravated on stopping it. since past 1 ½ month symptoms got sever and associated with Yellowish discoloration of nails, urine and stool since past 2years. On and off Occurrence of Small pustules all over body, roughness of both hands and feet- Since past 3-4years. Epigastric pain on and off since past 3months. he had diagnosed with Alagille syndrome with Recurrent Acute viral Hepatitis and Cholestatic liver disease. In our science symptoms show similar presentation of different entities of *Shakasrita* and *Koshta-Shakashrita Kamala*. Hence, He was treated on the line of *Kamal* with *Arakuladi Taila Pichu* followed by *Virechana Karma*. *Acarya Caraka* has mentioned “*Kamale tu virecanam*” i.e. purgation therapy with *Mridu* and *Tikta Dravyas*⁽³⁾. *Acarya Sushruta* mentioned drug and dieted regimens. *Acarya Vagbhata* quoted “*Kamalayam tu pittaghnam Pandurogavirodi yat*” i.e. drugs which pacify *Pitta* and drugs which do not interfere with *Panduroga* should be used⁽⁴⁾.

Key words: Alagille syndrome, *Koshtashakasrita Kamala*, *Vamanata*, *Arakuladi taila*, *Pichu*, *Virechana Karma*

INTRODUCTION

Kamala Roga is one disease explained in Ayurveda Samhitas where the *Kamala Rogi* will have special features where *Netra*, *Nakha* and *Mukha* get *Haridra/peeta Varna* ⁽⁵⁾. It is mainly *Rakta* and *Pitta Pradoshaja Vikara* but according to Acharya sushruta *Kamala* can be *Upadrava* to many others diseases also. On the basis of clinical symptoms *Kamala Roga* has 2 types *Shakasrita* and *Kostashrita kamala*. Here,

Presenting complaints:

A 17 years old Indian, unmarried, non smoking, on alcoholic male consulted in OPD of *Panchakarma*, SKAMCH & RC & RC, Bangalore, for complaint of Sever Itching all over the body (specially upper and lower limbs, abdomen and back) since 2 years. Aggravated since past 1 ½ month and associated with Yellowish discoloration of eyes, nails, urine and stool since past 2years. On and off Occurrence of Small pustules all over body. Since past 3-4years. Epigastric pain on and off since past 3months. on detail history he and his parents revealed,

- a) Patient was well last 1day ago after birth, where mother has noticed lethargic, slight yellowish discoloration of eyes but ignored initially. They consulted nearby Govt. Hospital and treated accordingly (details which are not known).
- b) After 1month, as the baby condition was found still same, baby was brought to the hospital and diagnosed as jaundiced and started on phototherapy, other treatment which continued up to 3years in the same hospital.
- c) When the days progresses baby started developing sever purities all over body (hands, legs, abdomen and back region), discoloration of skin, rough skin texture and blurred vision (specially during night hours), as condition also got verse at the age of 8th year he got admitted in Asian institute of gastroenterology (Hyderabad), On evaluation, routine blood investigation showed deranged LFT elevated 10-12 times upper than normal limit, USG abdomen showed hepatomeg-

aly and other related blood investigations were also done. There he managed for multivitamin deficiency (Vitamin A) and other supportive measures. After 4days of treatment LFT improvement he discharged with stable condition, and they advised some oral medications.

d) As the condition of patient got improved over a period of 6-7year he stopped all medications. Again he started noticing yellowish discoloration of eyes, urine, nails. Sever purities all over body, discoloration and roughness over skin since past 1month, epigastric pain on and off since past 3months. On 29th of may (2018) he got admitted in Asian institute of gastroenterology (Hyderabad), On evaluation, routine blood investigation showed deranged LFT elevated 10-12 times upper than normal limit as same as past time, USG abdomen showed mild contacted gall bladder with minimal sludge, mildly dilated jejunal loops with mildly increased peristalsis. He was treated with IV fluids, antibiotics, analgesics and other supportive measures. Pediatric gastro-enterologist opinion was taken and patient advised for further workup and hospital stay for liver transplantation and he was counseled accordingly.

As his parents refused for surgery, came to SKAMCH & RC for further management. The case was admitted to male Panchakarma ward of SKAMCH & RC, Bangalore on 6th August 2018 for administration of Panchakarma procedures.

Clinical findings:

Prakruti - *Vata Pitta*, *Vikruti* (*Dosha* - *Vata Pitta Pradhana Tridosha*, *Dushya* - *Rasa, Rakta, Mamsa, Desha* - *Jangala, Kala* - *Varsha*, *Prakriti* – *Prakruti Sama Samaveta Bala* - *Pravara*), *Sara* - *Madhyama*, *Samhanana* - *Madhyama*, *Pramana* - *Avara*, *Satmya* - *Vyamishra*, *Satva* – *Madhyama*, *Aahara Shakti* (*Abhyavaharana Shakti* - *Avara*, *Jarana Shakti* - *Avara*), *Vyayama Shakti* – *Madhyama*, *Vaya* - *Youvana avasta*.

Table 1: Chikitsa vrittanta:

Sl.no.	Place	Treatment given	Duration	Dignosis
1 st sitting (1 st day of birth)	Govt. Hospital	Not known	1day	Neonatal jaundice
2 nd sitting (on 1 st month)	Govt. Hospital	Phototherapy	3years	-
3 rd sitting (8 th year)	Asian institute of gastroenterology (Hyderabad)	On admission IV fluids <ul style="list-style-type: none"> ▪ Sachet Cholestyramine 1sachet twice daily ▪ T.A to Z 1-0-0 ▪ Cap. Evion 400mg 1-0-0. ▪ Calcirol sachet ½ /week ▪ T. Kenadione ½ tablet alternate days ▪ Pure MCT powder 1-0-1 ▪ Calamine lotion L/A 	1month	<ul style="list-style-type: none"> • Alagille syndrome?? • Recurrent viral hepatitis • Cholestatic liver disease
4 th sitting (15 th year)	Asian institute of gastroenterology (Hyderabad)	On admission IV fluids <ul style="list-style-type: none"> ▪ Sachet Cholestyramine 1sachet twice daily ▪ T.A to Z 1-0-0 ▪ Cap. Evion 400mg 1-0-0. ▪ Calcirol sachet ½ /week ▪ T. Kenadione ½ tablet alternate days ▪ Pure MCT powder 1-0-1 ▪ Calamine lotion L/A 	1month	<ul style="list-style-type: none"> • Alagille syndrome?? • Recurrent viral hepatitis • Cholestatic liver disease

Nidhana: ^{6,7}

Aharaja: Virudda, Ushna, Ruksha, Sheeta ahara sevana.

Dusta ahara achara by mother (pregnancy).

Viharaja: Vegadharana

Samprapti: ⁸

Dusta ahara achara by mother (pregnancy) and *nidhana* by patient

↓
Vata and pitta dosha dusti (in baby)

↓
Yakruth and pleeha dusti (after delivery)

↓
Dushana of *Rasa, Rakta and Mamsa dusti*

↓
Reaches *Tiryak gata siras*

↓
Syavata in *twacha*, *peetata* in *netra*, *mutra*, *nakha*

↓
Shakakoshtrasrita kamala with *Vamanatha*

1st Course of treatment:

DATE	TREATMENT	DAYS	OBSERVATION
(21/06/2018-23/06/2018)	1. <i>Shiro Pichu</i> with <i>Arakuladi Taila</i> . 2. External application with <i>Durvadi</i> and <i>Eladi taila</i> .	3days	Body itching significantly reduced (2 nd -3 rd day)
<p>A) On discharge</p> <p>1. <i>Mukta Basma</i> 2grm</p> <p>2. <i>Giloya Satwa</i> 40grm 1/4th tsp twice daily with honey(empty stomach)</p> <p>3. <i>Godanti Basma</i> 50grm</p> <p>4. Liv 52 DS (1-1-1)</p> <p>5. <i>Vasaguduchyadi Kashaya</i>(2-2-2 tsp) with equal quantity of water.</p> <p>6. <i>Durvadi Keram</i></p> <p>7. <i>Eladi Keram</i> } External application</p> <p>Review after 1month</p>			

2nd Course of treatment:

DATE	TREATMENT	DAYS	OBSERVATION
06/08/2018-07/08/2018	<i>Agnitundi vati</i> (1-1-1) <i>Chitrakadi vati</i> (1-1-1) <i>Shunti choorna</i> (1/2-1/2-1/2 tsp) with glass of hot water	2days	-
08/08/2018-10/08/2018)	<i>Snehapana</i> with <i>Mahatiktaka ghrta</i> 25ml+1pinch of <i>Saindava</i> 75ml+1pinch of <i>Saindava</i> +1/4 th of <i>Shunti Choorna</i> 100ml+1pinch of <i>Saindava</i> +1/4 th of <i>Shunti Choorna</i>	3days	Itching got increased on 2 nd day
11/08/2018-13/08/2018	<i>Sarvanga Abyanga</i> with <i>Durvadi</i> and <i>Eladi taila</i> . Followed by <i>Priseka</i> with <i>siddartaka snana choorasidda qwata</i>	3days	Yellowish discoloration reduced significantly reduced. Itching reduced
14/08/2018	<i>Virechana Karma</i>	1day	
<p>B) On Discharge</p> <p>1. <i>Samsarjana krama</i> advised for 5 days.</p> <p>2. <i>Mukta Basma</i> 2grm</p> <p>3. <i>Giloya Satwa</i> 40grm 1/4th tsp twice daily with honey (empty stomach)</p> <p>4. <i>Godanti Basma</i> 50grm</p> <p>4. Liv 52 DS (1-1-1)</p> <p>5. <i>Vasaguduchyadi Kashaya</i> (2-2-2 tsp) with equal quantity of water</p> <p>6. Syrup <i>Nirocil</i> (2-2-2 tsp)</p> <p>Review after 1 month</p>			

Figure:



DISCUSSION

This case was treated on the line of management of *Kamala Roga* as all the signs and symptoms are likely similar to *Koshtashakashrita Kamala*. All types of *Kamala* are due to *Pandu nidhana* or *swatantra* or *anyakarana*. This stage of *Kamala* manifested by *matruja ahara* and *vihara* along with other *nidhana* by patient in further leading to *asadhyata* of the condition⁽⁹⁾. In *Arakuladi Talia*, *bringraja* having main action on *pachana samstana* does *deepana*, *pachana* and *yakruthuthejaka* and other drugs like *guduchi*, *doorva* having an action of *deepaka*, *pachaka*, *raktashodana* where *pitta* is main vitiated *dosa* will get correct by *Arakuladi taila*, drug of choice for *Kamala Roga*⁽¹⁰⁾. *Durvadi* and *Eladi taila* being *sheeta virya* and *katu guna* acts as *tridoshagna* and reduces *kandu*, *varna prasadhana* and *durvadi taila* is beneficial in *vrana* condition hence reduction in pustules over hand and legs was seen⁽¹¹⁾. *Virechana karma* mainly acts on *pitta dosha* removes excessive vitiated *pitta* along with *vata-kapha* as *Kamala Roga* being mainly dominated by *pitta* and *rakta dosha*⁽¹²⁾. Hence reduction in total /direct bilirubin, SGOT and SGPT level was observed from 23.04/16/153/89 to 1.5/0.3/43/38 before and after treatment respectively. *Shamana Aushada* like *mukta basma* advised, its *basma guna* being *hridhya* as its main action other properties like *medhya*, *ayushya*, *bhalya*. *Guduchi satwa* mainly purifies *rakta* and reduces *jwara*. *Vasa guduchyadi*

kashaya having main ingredient like *vasa* and *guduchi* having *tikta rasa* helps in purifying *rakta* and helpful in reducing *pitta dosha*.

CONCLUSION

This case study shows that Alagille can be successfully managed with *Ayurvedic* intervention with *Arakuladi Taila Pichu* and *Virechana*. As the condition itself is *Asadhya*, but management and providing quality life and concerned about patient he is still middle aged shows the importance of treatment and, it is supportive for further research in Alagille syndrome.

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