



A Clinical Study On The Role Of Vasadi Kwath In Shakhashrita (Rudhapatha) Kamala With With Special Refence To Hyperbilirubinaemia.

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Abstract:

In today's modern and busy life style people have increased tendency to take street Food , outside food, Chinese, cold drinks etc. these gives excessive load on the liver. Negligence about self-cleanliness, water pollution and contaminated food are the main causative factor of viral hepatitis, amoebic liver abscess.

Out of which *Sankramak Kamala* (viral hepatitis) is a facing problem showing the sign and symptoms of *Shakhashrit Kamala*.

Despite the fact that viral hepatitis is self-limiting in nature, it have been observed to be shifting from sub clinical illness to severe disease causing various complications like fulminant hepatic failure. In modern medicine there is no satisfactory medicine or management available so I treated this patient with classical ayurvedic regimen.

The effect of vasadi kwath was assessed in relation to improvement in overall clinical signs and symptoms and biochemical investigations on the basis of grading and scoring system.

Here study of 30 patients were conducted.

Keywords:

Rudhapath kamala, vasadi kwath, hyperbilirubinaemia.

Introduction:

Changing lifestyle and modern culture had affected the food habits of people, people used to take *asatmya ahar, tridoshakarak ahar*, street food which is highly contaminated with various bacteria and viruses, leading to various types of liver disorders among these viral hepatitis¹ is a facing problem showing the sign and symptoms of *shakhashrit Kamala*.

Despite the fact that most of the viral diseases are self-limiting in nature, a small number of patients of viral hepatitis have been observed to be shifting from subclinical infection to severe disease including fulminant hepatic failure and may progress to Frank coma.²

In fact in spite of spectacular advance in modern medicine there is no satisfactory medicine for viral hepatitis.³

As in *Shakhashrit Kamala Kaphasamurchit vayu* makes obstruction to *pitta dosha* and diverts it in *shakha*⁴ In this *shakha koshta gati* is involved so in that case we have to treat *kapha vata dushti* first to remove obstruction and to bring normal flow of *pitta dosha* in *koshta*.⁵ Then it is treated as a *koshthashrit kamala* with *virechan*.⁶

Hence study was conducted by using Vasadi Kwath from ashtanghrudaya. It content Vasa, Gulvel, Triphala, Kutaki, Kirat Tikta and Kadunimba.⁷ which is having raktashodhak, kaphavataghna & pittashamak properties along with mrudu virechan.

As described in granthas the conventional treatment of shakhashrit kamala is to use pungent, sharp hot, salty & sour substance to remove the obstruction of kapha. But the vasadi kwath is mainly tikta & katu rasapradoshaj kalpa, which is also remove obstruction of kapha without doing pittaprapakop & does rasayan karma also.

AIMS & OBJECTIVES

1. To evaluate the effect of Vasadi Kwath in shakhashrit kaamala with Special reference to hyperbilirubinaemia.
2. To propose a possible etiopathogenesis of hyperbilirubinaemia in ayurvedic aspects.
3. To propose a possible mode of action of vasadi kwath in shakhashrit kamala.

MATERIALS & METHODS

Study type :

Prospective open randomized study.

Subject recruitment:

Patient was selected from R.A Podar Hospital OPD & IPD

Name of Center:

IPD & OPD, Dept of Kaychikitsa; M.A. Podar Ayu. Hospital,

Worli Mumbai. 18

Drug Name : Vasadi Kwath

Dose : 40ml B.D.

Duration : 21 Days

Prakshep : Madhu 5ml

No of patients : 30

Diet : Specific diet was advised by considering the principle of kamala Chikitsa.

INCLUSION CRITERIA

- Age below 17 to 60 yrs.
- Sex - Both Sexes.
- Patients of symptoms & signs of shakhashrit kaamala.
- Patient having raised Serum Bilirubin.($> 3\text{mg/dl}$)

EXCLUSION CRITERIA

- Age below 17& above 60 yrs
- Viral hepatitis B,C,D.
- Drug induced hepatitis
- Known case of HIV infection / AIDS, Patient having malignancy.
- Patient in an acute alcohol withdrawal satat, intoxication, hepatic encephalopathy.
- Hyperbilirubinaemia due to pre hepatic & post hepatic causes.

CLINICAL EXAMINATION:

Complete systemic examination from the point of view of Shakhashrit

Kamala was done to diagnose & assess patient's disease condition. Patient undergoing study was examined clinically at every follow up.

INVESTIGATION:

Following tests was carried out: -

1. Liver fubction test: SGOT

SGPT

Sr. protien

Weekly

Sr. Albumin
Sr. bilirubin Total
Direct Indirect

2. Urine: Bile salt, Bile pigment
3. USG Abdomen done as per requirement
4. Sr. Alkaline phosphatase done at the start & at the end of the study.
5. X-ray abdomen done as per requirement.
6. Other investigation: CBC, ESR, RFT, Lipid profile was done at the start & end of the study. COOMB'S, HIV, VDRL, HbsAg, BSL was done at the start only.
7. Stool. Routin & microscopic.as per requierment.

OBSERVATION DURING THE COURSE OF THE STUDY

VISIT 1 (INITIAL) On day 0 of the study the patients having symptoms of shakhashrit kaamala with raised level of SGOT, SGPT,& Sr. bilirubin predominantly direct bilirubin %, elevated sr. alkaline phosphatase are included in the study with considaration of exclusion & inclusion cirteria. The routine tests like CBC, ESR, BSL (F, PP) etc. were conducted. USG abdomen & X Ray abdomen is done as per requirement to rule out surgical jaundice. Systemic examination is done. Medicine is given to the patient & the patient is instructed to give follow-up after 7 days.

VISIT 2(DAY 7 TH) During this visit, the patient was assessed for the drug tolerability, for any unwanted effect, subjective & objective assessment is done with LFT & urine bile salt & bile pigment.

VISIT 3 (DAY 14 TH) During this visit the patien twere assessed for any adverse effect & subjective & objective assessment is done with LFT & urine bile salt & bile pigment.

VISIT 4 (DAY 21 ST)During this visit the patient were assessed for any adverse effect & subjective & objective assessment is done with CBC,ESR,LFT, Sr.Alkaline Phosphatase, Lipid profile & urine bile salt & bile pigment.

STATISTICAL ANALYSIS

To reach the final result & conclusion the data that has generated during the study was subjected to statistical analysis. Test used for evaluation of analysis. The statistical values obtained from the study were tested for 95% confidence level.

PREPARATION OF THE VASADIKWATH

Each dravya was taken in coarse form in 5 gram quantity, thus total 40 gram dravya was taken % 16 times water (640 ml) was added, then boild on slow flame, reduced to 1/8th (80 ml), properly filtered.

OBSERVATIONS & RESULTS

Thirty patients showing classical symptoms of shakshrit kaamala were selected from O.P.D. & I.P.D. of M.A. podar hospital. They were treated with the vasadi kwath in the dose of 40 ml twice a day for 3 weeks. Signs & symptoms were observed & entered in the CRF & evaluated statistically. The observations regarding sign & symptoms are being presented over here.

ASSESSMENT OF SUBJECTIVE VARIABLES

It was observed that patients symptoms were improved significantly.

Table 1**Table showing effect of therapy on symptom score of 30 patients**

Sr. no.	Characters	B.T.	A.T.	Difference	Percentage Of relief
1	Haridra Netrata	49	9	40	81.63%
2	Twak Pitata	16	3	13	81.25%
3	Haridramutrata	49	9	40	81.63%
4	Shwetavarchas	49	9	40	81.63%
5	Daurbalya	33	3	30	91.01%
6	Yakrutvridhi	17	4	13	81.25%
7	Jwara	13	2	11	84.61%
8	Kandu	7	1	6	85.71%
9	Agni,	49	9	40	81.63%
10	Aruchi	49	9	40	81.63%
•	Average score	33.1	5.8	27.3	83.19%

Table 2**Table showing effect of therapy on primary objective variables**

Investigation	Mean ± SD B.T.	Mean ± SD A.T.	Diff. Of mean ± S.D	Error of difference	T value	P Value
S.G.O.T.	738.00 ± 520.5	130.27 ± 175.61	607.73 ± 395.21	73.39	8.280	<0.001
S.G.P.T.	894.53 ± 700.67	167.4 ± 195.39	727.13 ± 562.38	104.43	6.96	<0.001

Sr. Bilirubin	06.86 + 3.30	02.04 + 2.48	04.82 ± 01.93	0.36	13.38	<0.001
Sr. Alkaline Phosphatase	163.43 ± 51.50	80.23 ± 21	83.2 ± 35.23	6.54	12.72	<0.001
Urine Bile Salt & Bile Pigment	2.00 ± 1.01	0.33 ± 0.66	1.67 ± 0.60	0.11	15.09	<0.001

ASSESSMENT OF SECONDARY OBJECTIVE VARIABLES

A) Haemoglobin

The mean grade score of Haemoglobin was 12.32 ± 2.48 at the start of the treatment which was reduced to 12.40 ± 2.44 at the end of treatment its t value is 2.42 ($P > 0.05$) which is non significant

B) ESR

The mean grade score of ESR was 9.0 ± 2.87 at the start of the treatment which was reduced to 8.96 ± 2.98 at the end of treatment its t value is 0.44 ($P > 0.05$) which is non significant.

DISCUSSION

The present study included 30 cases of ruddhpath that is shakhashrit kamala in OPD & IPD of M.A. Podar Hospital Mumbai, were treated with vasadi kwath. Various observations are obtained according to age, sex, religion, educational status, economical status and occupation of the patient, subjective & objective parameters.

As we discussed in details about shakhashrit kaamala in which vitiated kapha with the help of vata dosha make the obstruction to flow of pitta. The line of treatment is mainly to remove obstruction by alleviating kapha dosha & then pitta shodhan by means of virechan.

As the vasadi kwath having tikta katu rasa, laghu ruksha guna & vayu aakash mahabhut gunadhikya helping in samprapti vighatan.

While assessing the treatment response all routine investigations was done with liver function tests, SGOT, SGPT, Sr. bilirubin, Urine bile salts bile pigments were carried out weekly. Sr. alkaline phosphatase, CBC, ESR & lipid profile were done at the start & at the end of the study. X-ray & USG abdomen was done as per requirement.

No major or minor unwanted reactions of the drug were observed during the study

- SGOT, SGPT, Sr, Sr. alkaline phosphatase, urine bile salts & bile pigments has shown significant results with p value < 0.001. (Table 2)

- Haemoglobin have also shown significant results with p value <0.005.(Table 3)
- ESR was within normal limit before treatment. There is no significant change observed.(table 3)
- Total cholesterol & triglycerides level were altered before the treatment there is also significant results with p value of cholesterol & triglyceride <0.001 & <0.01respectively .(Table 4)
- About RFT there was no significant changes observed as they are within normal limits before & after study (Table 5)

While assessing the treatment response subjectively patient had shown significant symptomatic relief. The relief of the symptoms from the disease is as follows,

Within 1-2 weeks

Daurbalya,
Alpagni,
Aruchi,
Kandu.

Within 2-3 weeks

Haridranetrata,
Twakpitata
Haridramutrata,
Shwetavarchas,
Yakrutvridhi,
Jwara

The patient who are having symptom grade score 3 are improved up to 1. The patient who are having symotom grabe score 1 to 2 are improved completely at the end of the study.

Thus average % of relief with the vasadi kwath in kaamala was 83.19.% observed .Neither symptom was worsened during the entire study.(Table 11,12)

SUMMARY & CONCLUSION

The incidence of shakhashrit kaamala is very common in city like Mumbai due to life style, food habits & sanitation etc. as there is on conventional therapy available in modern sciences peoples are having affinity towards ayurveda. This makes it necessary to work out on this issue, by providing safe effective & affordable major of treatment.

Thirty patient showing classical symptoms of shakhashrit kaamala, which were selected, randomly from IPD & OPD of M.A. Podar Hospital. Vasadi kwath was administered them in the dose of 40 ml twice a day with anupan of madhu in 5 ml quantity for 3 weeks . The changes in the symptoms were included I specially designed CRF & monitered regularly.

There was observed statistically significant relief in all symptoms after the administration of srug.

ASSESSMENT OF SUBJECTIVE PARAMETERS

It is observed that average percentage of relief with the vasadi kwath in kamala was 83.19% & neither symptom was worsening during the entire study. (Table 2)

Thus it seems that the significant effect of these drugs is a sum of the total of the action of its ingredient. During study none of the patients LFT values increased neither the patient worsens clinically.

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