ROLE OF *TRINPANCHAMOOLA KWATHA SIDDHA BASTI* IN CKD - A CASE STUDY

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ABSTRACT
Chronic renal disease commonly known as chronic kidney disease is the condition in which kidney functions gradually deteriorate over months or years. CKD has become a common disease with a high prevalence rate in people including young individuals. In CKD, the functions of the Kidney slowly worsen over time, in the early stages, there may be no symptoms. Thelossoffunctions usually takes months oryearstooccur.Chronicrenal failure treatment is organ-based and there are only two conservational measures i.e., dialysis and kidney transplantation but these procedures have complications like infection and transplant rejection which is not safe. Kidney transplantation is a very expensive procedure and patients must take extremely expensive immune suppressing medicines for the rest of his life or her lives which destroys the body's defence system. However, due to low financial backgrounds among a large percentage of individuals everyone cannot afford to live a good quality of life hence, every individual cannot afford renal transplantation or dialysis. Thus, there is an alarming need for some alternative approach that is safe and effective in the management of CKD.Therefore, this study has been taken to apply arithmetic principles on CKD keeping in mind the available conventional line oftreatment and its financial burden son patients. In this study, a case of CKD of a 37 years old male patient has been reported, and was given *Trinpanchamoola Kwath Siddha Basti*. Hematological levels were checked before and after the treatment and there was a significant improvement in kidney function parameters.
Keywords-Chronic kidney disease, *Basti*, Creatinine.
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INTRODUCTION

Chronic kidney diseases have become a major public health problem. India is facing a silent epidemic of chronic renal failure. Chronic renal failure is irreversible deterioration in renal function which develops over years. The kidney has several vital functions such as the removal of toxins, acid base balance, control of blood pressure, and water balance including production of erythropoietin, maintain the volume of the various body fluids acid-base balances, and various electrolyte concentrations[1]. Chronic kidney disease (CKD) is definedby persistent urine abnormalities or impaired renal excretory functions suggestive of irreversible loss of functional neurons[2]. CKD is classified into five stages based on GFR and the extent of kidney damage[3]. Kidney damage is defined as pathological abnormalities or markers of damage including abnormalities in blood and urine tests or imaging studies.

CASE REPORT

A 37 years old male patient named Mr.Piyush came from Aligarh, to the OPD of Panchakarma, MAMC & H, Roorkee with following complaints - Obstructive micturition, B/L Pedal edema, Edema on the face, Severe joint pain, Fatigue, Constipation and Loss of appetite.

HISTORYOFPRESENTILLNESS

As per the patient, he was asymptomatic before 5 years. Then he started having symptoms like decreased frequency of micturition, fatigue, puffiness of face, pedal oedema, loss of appetite and constipation. He started taking treatment from Medanta Hospital but did not get significant relief. Then, he visited MAMC & Hospital, Roorkee for further management through Ayurveda.

PAST HISTORY

No known case of Type II Diabetes Mellitus and Hypertension. No H/O Surgery.

FAMILY HISTORY-No any relevant family history

GENERAL PHYSICAL EXAMINATION -

General condition- Stable Pallor - Present Icterus - Absent Cyanosis - Absent Clubbing - Absent	Pedal oedema with facial puffiness, Lymph node - Not palpable Respiratory system - NAD CVS - NAD CNS - NAD GIT - Constipated

PERSONAL HISTORY

Appetite - Loss of appetite Micturition - Obstructed	Bowel - Constipated Sleep - Sound

INVESTIGATIONS DONE

Blood examination were done before treatment (06-June-2023), during(14-Aug-23)and after treatment (10-Sep-2023)

Hb - 9.6 gm% **Hb**-9.8gm%

Renal FunctionTest

Investigation	**BT (6/6/23)**	**1st follow up (14/8/23)**	**2nd follow up (10/9/23)**
Bloodurea	91.6 mg /dl	80.3mg/dl	80.1 mg /dl
Serumcreatinine	4.46 mg/dl	3.37 mg/dl	2.14 mg/dl

S.Uricacid	7.51 mg/dl	6.81 mg/dl	7.87 mg/dl
SerumSodium	136 mmol/L	139 mmol/L	144.3 mmol/L
SerumPotassium	5.1 mmol/L	4.5 mmol/L	4.45 mmol/L
Calcium	9.0 mg/dl	8.91 mg/dl	-----

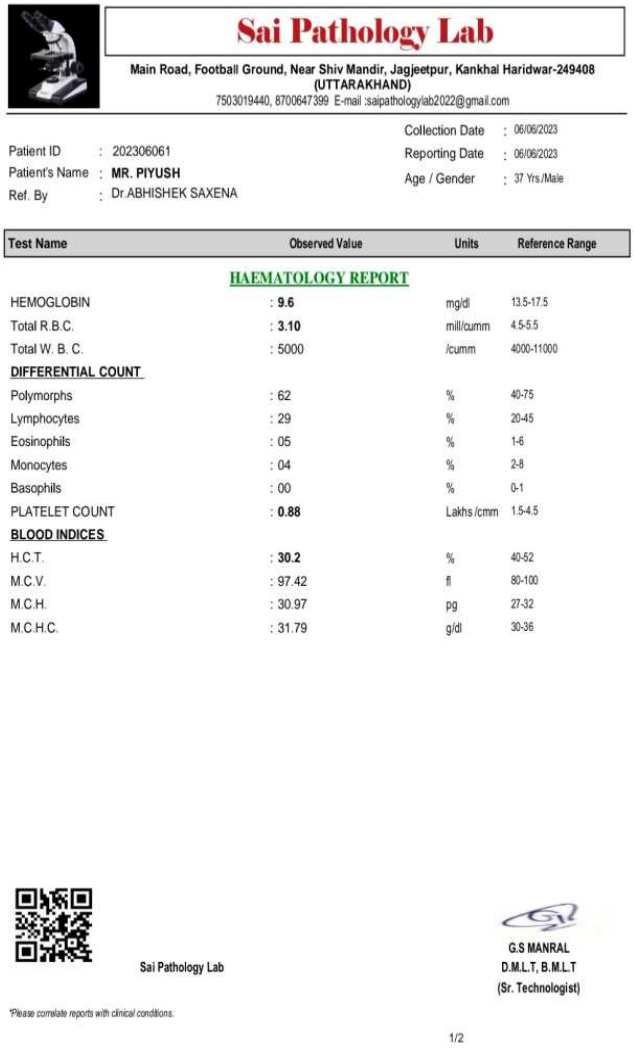
TREATMENT

MODE OF ADMINISTRATION	MEDICINE	DOSE	DURATION
Niruha Basti	*Madhu*	80 ml	In *Yoga Basti* format
	Lavana	4gm	
	Sneha (Chandanbalalaxadi tail)	100 ml	
	Kalka (Punarnava10g, Gokshura 10g, Pipalli 2g)	22gm	
	Kwatha (Trinapanchamoola)	400ml	
Anuvasana Basti	*Chandanbalalaxaditail*	120 ml	In *YogaBasti* format

RESULT

The patient's kidney profile was improved and there was significant improvement in Serum Creatinine level and blood urea. Blood investigations were done before and after the treatment and reports are attached. There was a marked decline in the symptoms as well.

(6/6/2023)



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Patient ID : 202306061
Patient's Name : MR. PIYUSH
Ref. By : Dr.ABHISHEK SAXENA

Collection Date : 06/06/2023
Reporting Date : 06/06/2023
Age / Gender : 37 Yrs./Male

Test Name	Observed Value	Units	Reference Range
HAEMATOLOGY REPORT			
HEMOGLOBIN	: **9.6**	mg/dl	13.5-17.5
Total R.B.C.	: **3.10**	mill/cumm	4.5-5.5
Total W. B. C.	: 5000	/cumm	4000-11000
DIFFERENTIAL COUNT			
Polymorphs	: 62	%	40-75
Lymphocytes	: 29	%	20-45
Eosinophils	: 05	%	1-6
Monocytes	: 04	%	2-8
Basophils	: 00	%	0-1
PLATELET COUNT	: **0.88**	Lakhs /cmm	1.5-4.5
BLOOD INDICES			
H.C.T.	: **30.2**	%	40-52
M.C.V.	: 97.42	fl	80-100
M.C.H.	: 30.97	pg	27-32
M.C.H.C.	: 31.79	g/dl	30-36

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Collection Date : 06/06/2023
Reporting Date : 06/06/2023
Age / Gender : 37 Yrs./Male

Test Name	Observed Value	Units	Reference Range
KIDNEY FUNCTION TEST (KFT)			
Urea	: **91.6**	mg/dL	10-45
S.Creatinine	: **4.46**	mg/dl	0.60-1.40
BUN (Blood Urea Nitrogen)	: **45.8**	mg/dL	3.3 - 18.7
BUN/Creatinine ratio	: 10.27		4.0 - 21.5
Uric Acid	: **7.51**	mg/ dL	2.5 - 7.2
Sodium	: 136	mmol/L	135-155
Potassium	: 5.1	mmol/L	3.5-5.5
Calcium	: 9.0	mg/dL	8.5 - 10.5
Phosphorus	: 4.7	mg/dl	2.5-5.0

A renal function panel could be ordered when a patient has risk factors for kidney dysfunction such as high blood pressure (hypertension), diabetes, cardiovascular disease, obesity, elevated cholesterol, or a family history of kidney disease. A renal function panel may also be ordered when someone has signs and symptoms of kidney disease, though early kidney disease often does not cause any noticeable symptoms. It may be initially detected through routine blood or urine testing. Renal function panel results are not diagnostic but rather indicate that there may be a problem with the kidneys and that further testing is required to make a diagnosis and determine the cause. Results of the panel are usually considered together, rather than separately. Individual test result can be abnormal due to causes other than kidney disease, but taken together with risks and signs and symptoms, they may give an indication of whether kidney disease is present.

*** End of Report ***

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(14/8/2023)



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Patient ID : 2023081412
Patient's Name : **MR. PIYUSH**
Ref. By : Dr.ABHISHEK SAXENA

Collection Date : 14/08/2023
Reporting Date : 14/08/2023
Age / Gender : 37 Yrs./Male

Test Name	Observed Value	Units	Reference Range
HAEMATOLOGY REPORT			
HEMOGLOBIN	: **9.5**	mg/dl	13.5-17.5
Total R.B.C.	: **3.24**	mill/cumm	4.5-5.5
Total W. B. C.	: 8100	/cumm	4000-11000
DIFFERENTIAL COUNT			
Polymorphs	: 55	%	40-75
Lymphocytes	: 37	%	20-45
Eosinophils	: 05	%	1-6
Monocytes	: 03	%	2-8
Basophils	: 00	%	0-1
PLATELET COUNT	: **1.04**	Lakhs /cmm	1.5-4.5
BLOOD INDICES			
H.C.T.	: **30.5**	%	40-52
M.C.V.	: 94.14	fl	80-100
M.C.H.	: 29.32	pg	27-32
M.C.H.C.	: 31.15	g/dl	30-36

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Collection Date : 14/08/2023
Reporting Date : 14/08/2023
Age / Gender : 37 Yrs./Male

Test Name	Observed Value	Units	Reference Range
KIDNEY FUNCTION TEST (KFT)			
Urea	: **80.3**	mg/dL	10-45
S.Creatinine	: **3.27**	mg/dl	0.60-1.40
BUN (Blood Urea Nitrogen)	: **40.15**	mg/dL	3.3 - 18.7
BUN/Creatinine ratio	: 12.28		4.0 - 21.5
Uric Acid	: 6.81	mg/ dL	2.5 - 7.2
Sodium	: 139	mmol/L	135-155
Potassium	: 4.5	mmol/L	3.5-5.5
Calcium	: 8.91	mg/dL	8.5 - 10.5
Phosphorus	: 3.1	mg/dl	2.5-5.0

A renal function panel could be ordered when a patient has risk factors for kidney dysfunction such as high blood pressure (hypertension), diabetes, cardiovascular disease, obesity, elevated cholesterol, or a family history of kidney disease. A renal function panel may also be ordered when someone has signs and symptoms of kidney disease, though early kidney disease often does not cause any noticeable symptoms. It may be initially detected through routine blood or urine testing. Renal function panel results are not diagnostic but rather indicate that there may be a problem with the kidneys and that further testing is required to make a diagnosis and determine the cause. Results of the panel are usually considered together, rather than separately. Individual test result can be abnormal due to causes other than kidney disease, but taken together with risks and signs and symptoms, they may give an indication of whether kidney disease is present.

*** End of Report ***

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(10/9/2023)



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Name	Mr. PEEYUSH	UHID: 0.00	S No : 23091001 ID No : 391
Age/Sex	: 37 Year/Male	Sample Date: 10-Sep-2023	
Ref. By	: ABHISHEK SAXENA (M.D)	Report Date: 10-Sep-2023	
Address	:BHAGWANPUR	S Type : Inside	

Technical Analysis Report
HEAMATOLOGY
CBC (Complete Blood Count)

Test Name	Flag	Value	Unit	Reference Range
Haemoglobin (Hb)	L	9.8	g/dl	12 - 16 g/dl
Total RBC Count	L	3.24	10^6/uL	3.5 - 5.5 10^6/uL
Haematocrit	L	27.5	%	37 - 50 %
Mean Cell Volume		84.88	um3	80.0 - 100.0 um3
Mean Cell Haemoglobin		30.25	picograms	27 - 31 picograms
Mean Cell Haemoglobin Conc		35.64	mg/dL	32.0 - 36.0
Red Cell Distribution Width (RDW) - SD		36.4	um3	35 - 56 um3
Red Cell Distribution Width (RDW) - CV		14.0	%	11 - 14 %
Total Leucocyte Count		4300	cells/cumm	4000 - 11000
Differential Leucocyte Count				
Neutrophils		72	%	40 - 75 %
Lymphocytes		22	%	20 - 40 %
Monocytes		02	%	Upto- 10 %
Eosinophils		04	%	1 - 6 %
Basophils		0	%	0 - 2 %
Absolute Neutrophil Count	L	3.1	/uL	4 - 11 /uL
Absolute Lymphocyte Count	L	0.95	/uL	2 - 7 /uL
Absolute Monocyte Count	L	0.09	/uL	0.1 - 1.2 /uL
Platelet Count	L	1.10	LAKH/CUMM	1.50 - 4.50 LAKH/CUMM
Platelet Distribution Width		16.4	fL	8.3 - 25.0
Mean Platelet Volume		10.8	fL	9.4 - 12.3

Sample Type : Whole Blood

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Age/Sex	: 37 Year/Male	Sample Date: 10-Sep-2023	
Ref. By	: ABHISHEK SAXENA (M.D)	Report Date: 10-Sep-2023	
Address	:BHAGWANPUR	S Type : Inside	

Technical Analysis Report
BIO-CHEMISTRY
KIDNEY FUNCTION TEST (KFT)

Test Name	Flag	Value	Unit	Reference Range
UREA	H	80.1	mgm/dL	10 - 46 mgm/dL
CREATININE SERUM	H	2.14	mgm/dl	< 1.5 mgm/dl
Jaffe Kinetic URIC ACID	H	7.87	mg/dL	2.5 - 7.5 mg/dL
Urease - POD BLOOD UREA NITROGEN SERUM	H	37.43	mgm/dL	5 - 25 mgm/dL
Urea / Creatinine Ratio		37.43		40:1 - 100:1
Electrolyte				
SODIUM		144.3	mg/dl	135 - 145 mg/dl
POTASIUM		4.45	mg.dl	2.5 - 4.5 mg.dl

Sample Type : SERUM

Note
1. Estimated GFR (eGFR) calculated using the 2021 CKD-EPI creatinine equation and GFR Catery reported as per KDI guideline 2012.
2. eGFR catery G1 or G2 does not fulfil the criteria for CKD, in the absence of evidence of kidney damage
3. The BUN-to-creatinine ratio is used to differentiate prerenal and postrenal azotemia from renal azotemia . Because of considerable variability, it should be used only as a rough guide. Normally, the BUN/creatinine ratio is about 10:1

--End of Report--

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LAB.TECH.
(SAGAR SAINI)
(MSc.Microbiology)THANKS FOR REF.

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DISCUSSION

CKD is a disease which leads to gradual loss of kidney function which further may proceedto end stage renal disease. Since there is deterioration and gradual loss of the nephron's function we consider that there is involvement of *Vatadosha* which is leading to degenerative changes in the kidney. *Basti* is considered as the best modality for *vatadosha* and we can use *basti* as the line of treatment[4]. *Basti* is the treatment mostly effective on *Pakvashaya* in which urine formation carried out. It is not only effective in treating *Vataja Roga* but it is also effective in *Pittaja*, *Kaphaja*, *Sansargaja*, *Sannipataja* and *Raktaja Rogas*[5]. Ayurveda emphasizes the importance of *Trimarma* (*Sira*, *Hrudaya* and *Basti*) which are to be protected. *Basti Marma* although is structurally similar to bladder but here the entire renal functioning is to be considered among which kidneys plays a vital role. So, considering *Basti Marma* is also affected in CKD and importance of *Marma*, *Basti Karma* can be considered as treatment of choice. Symptoms of CKD resemble *Rasavaha Srotas Dushti*. *Agnimandya* and *Aamotpatti* are two closely associated features in the pathogenesis of disease so, *Basti* was taken as aline of treatment in CKD to evaluate and understand its importance in this disease which has become a major health issue in India[6]. In this study, *Trinapanchamoola Kwatha Siddha Basti* is used as it have *Basti Shodhaka Gana* and *Rakta Prasadaka* properties**.** As the kidney is a *mutrajavyava* and it is made up of *rakta* and *meda*, so we need drugs that not only help in *Basti Shodhan* and *Raktha Prasadan* but also which are not *tikshana* in nature[7]. *Trinapanchamool kwath* consists of 5 drugs, *kush*, *kash*, *sara*, *darva* and *ikchu*. They are *mutravirechaniya* and are capable of treating disorders related to the urinary system. It has *vatapitta shamak* property, is diuretic, kidney stimulant and hematopoietic in action[8]. *Gokshura churna* acts on *Mutravaha Sansthan* and has properties like *Srotoshodhana* and *Mutra virechana*. It is *Sheet Veerya*, *Balya*, *Basti Vishodhaka*, *Madhur Vipaki*, *Deepana*, *Vrushya*, *Pushtikara* and *Ashmarihara*. *Pramehahara*, *Shvasahara*, *Kasahara*, *Arshahara*, also useful in *Hridroga*. It is one among the drug of *Mutra virechaniya Gana*, and it act as *Anulomaka* of *Apaana Vayu*[9]. *Punarnava* is *Shophahara* in nature. It has *Ushna Veerya* property which corrects *Srotosang* in *Vrukka*. It is anti-inflammatory andhelps in regeneration of kidney tissues[10]. Thus, the major drugs taken here are *Trinpanchamoola*, *punarvava* and *Gokshura* having *sheeta veerya* properties. They not only help in correcting *Agnimandya* but also removal of morbid *Doshas*. The oil used for *Anuvasanabasti* is *Chandanbalalaxadi tail* which also has *Sheeta Guna* which helps in the regeneration of the tissue.

CONCLUSION

With the growing number of cases of CKD, and with the available line of treatment and its financial burden on patient, Ayurveda either in the form of *Shaman* and *Shodhan* or in the form of dietary advice seems to be effective and safe. *Basti Chikitsa* given with the help of herbal drugs helps in improving the quality of life and eliminating the toxins from the body which has shown positive impact on whole body. From the above study, it is clear that a patient of chronic kidney disease can be managed with Ayurvedic treatment. Early Diagnosis and early treatment can give better result in patients of chronic kidney disease. This is asingle case study that has shown satisfactory result. Further large-scale study is needed to see better results.

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