

## CLINICAL EVALUATION OF VARUNADI TAILA VRIKKABASTI IN THE MANAGEMENT OF RENAL CALCULI.

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### ABSTRACT

*Upakarmas* are key factor in maintaining health. Following *Dinacharya* and *Hritucharya* many *Upakarmas* are describe in literature with limited scope in therapy. As *Acharya Sushruta* mentioned *Avagaha Sweda* in the management of *Ashmari*, it is not feasible in practice so *VrikkaBasti* can be a solution to save time, manpower and expenses.

*Vatadosha* plays an important role in formation of *Sanghata*. Renal Calculi itself is a type of *Sanghata* hence in this condition *Vatadosha* cannot be neglected. *Basti* in any form acts directly on *Vatadosha*. Also varunadi tail is one of the vyadhiprattyanika formulation in ashmari. Therefore a localized (*Sthanik*) Basti i.e. *Vrikkabasti* with varunadi tail is useful in Renal Calculi. So *Vrikkabasti* is one of the *Upakarmanas* has been studied in management of renal calculi. Some significant observations are seen in this study. The paper would like to evaluate the discussion on *Vrikkabasti* in the management of Renal Calculi.

**KEY WORDS** - *Upakarmanas*, *Vrikkabasti*, Renal Calculi.

### INTRODUCTION

Renal calculus is such a common condition as about 50% patients are present between the ages of 30 to 50 years. The male: female ratio is generally 4:3. The symptoms are Variable and the diagnosis sometimes remains obscure until the stone is discovered on Radiography / ultrasonography.

*Ashmari* is one of the most common and distressing condition among the group of Urinary disorders. *Sushruta* described the problem of *Ashmari* widely and comprehensively. The concept of *Ashmari*, its classification, symptomatology, etiological factors, pathology, complications and Management have been dealt with both medico-surgical procedures.

The *Ashmari* is considered as one of the *Mahaagada* by *Sushruta* owing to its potentiality to disturb the Urinary system as well as life of a person. *Acharya*

*Sushruta* mention *Varunadi gana* as *Ashmarihar* and *Abhyantar vidraddhihar* in *Shodhanadi gansangraha* and also mention it in treatment of *Ashmari* as *Sarvothiivoupyojyam* that means we can be used *Varunadi gana* in all forms like *Tail*, *Ghrut*, *Kashaya*, *Ksheer etc.*

The “*Vrikkabasti*” a special *Upkarmanas* was taken for study to management of *Vrikka-ashmari*, although there are no specific reference in classical text regarding *Vrikkabasti*, while illustrating *Shirobasti* *Acharya Dalhana* mention चावत् अन्य स्थानेषु कास्येत्॥ with this reference. *Vrikkabasti* will be studied further management of *Vrikkashmari*.

### AIM

To evaluate the efficacy of *Varunadi taila Vrikkabasti* in the management of renal calculi.

**OBJECTIVES**

- 1) To study concept of *Vrikkabasti* as special *Upkarma* in *Panchakarma*.
- 2) To study the effect of varunadi tail vrikkabasti in renal calculi.

**MATERIAL & METHODS****Patients -**

Patients having signs and symptoms of renal calculi (*Ashmari*).

**Aushadhi dravya -**

Black gram powder 250gm daily

*Varunadi Taila* - 200 ml daily

Water – s.o.s

**Other material**

Burner

Towel

Cotton

Bowl

Thermometer

Nadi swedan yantra

**Research Proforma:-**

Special research Proforma was prepared on the basis of signs and symptoms of renal calculi as well as including the features of urolithiasis described in the texts.

**Inclusion criteria**

1. Pain & tenderness in the renal angle and loin region, radiating towards groin.
2. Burning micturition.
3. Renal Stone size up to 5 mm confirmed by USG
4. Age group 25 – 45 years

**Exclusion criteria**

1. Renal failure.
2. Case of immediate surgical intervention.
3. Severe haematuria.
4. Stone size more than 5 mm.
5. Patients of carcinoma.
6. Tuberculosis.
7. HIV positive.
8. VDRL positive.
9. Hepatitis-B positive

**Laboratory investigation**

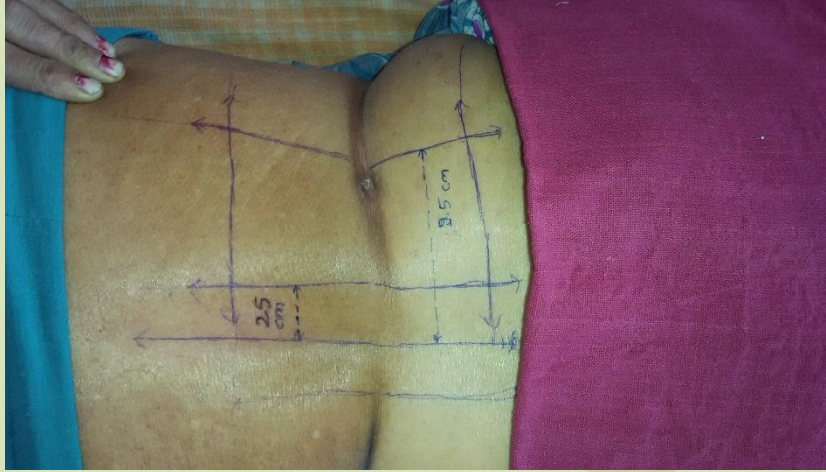
1. CBC.
2. Urine examination – Routine & Microscopic.
3. Sr. Urea
4. Sr. Creat
5. USG (KUB) region.

All the above mentioned investigations were carried out before and after Treatment. Changes in the values and in sign and symptoms were recorded in the Proforma for further assessment.

**SOP OF VRIKKABASTI:****Purva Karma:-**

Aatursiddhata –

- 1) Position –Prone position.
- 2) Yantra siddhata – the black gram powder mixed with water in such a way to make an oval shape ring of diameter 15 cm. This oval shape ring is placed on back of the patient over the area of kidney. To indicate the position of the kidney from the back, the parallelogram of Morris is used.
- 3) Sthanik snehan – *sthanik snehan* is done with *Varunadi tail*
- 4) Swedana – *nadi sweda* by *dashmool kashaya*



**Aushadha siddhata-**

*Varunadi taila* kept in water bath of temperature up to 40 degree centigrade.

**Pradhan karma-**

*Varunadi taila* poured in to the frame with the help of cotton. Oil gets cooled as time passes. Cooled oil removed with the help of cotton and fresh warm oil poured in to the frame. Temperature was maintained throughout the procedure.



**Drug administration-**

Form: *Taila* (*Varunadi taila*)

Dose: 200ml

Rout: local

Kala: after evacuation of bladder & bowel.

Duration of therapy: for 7 days 30 mins  
daily

**Paschat karma-**

Oil and frame are removed. *Sthanik Snehana* over affected area and *Swedana* is done again.

**ASSESTMENT CRITERIA:**

Assessment was done on the basis of relief in sign, symptoms & other

Investigation findings of laboratory as well as radiological on the basis of specially Designed research Proforma through scoring pattern.

**Subjective criteria:****General Symptoms Score**

- Complete absence of the sign and symptoms - 0
- Mild degree of the signs and symptoms - 1
- Moderate degree of the signs and symptoms - 2
- Severe degree of the signs and symptoms - 3

**Pain**

- No pain - 0
- Bearable pain, - 1+
- Unbearable pain – 2+

**Burning micturition**

- No burning micturition - 0

- Occasional burning micturition – 1+
- Irregular burning micturition– 2+
- Regular burning micturition– 3+

### Dysuria

- No dysuria - 0
- Occasional dysuria – 1+
- irregular dysuria – 2+
- Regular dysuria – 3+

### Hematuria

- No hematuria - 0
- Smoky color urine – 1+
- Blackish color urine – 2+

### OBSERVATIONS

#### Subjective criteria

- Bright red color urine – 3+

#### Objective criteria:

#### Dimensions of calculi

- Increase - (-1)
- No change – 0
- Decrease or absence of stone - +1

#### Number of calculi

- Increase - (-1)
- No change – 0
- Decrease - - +1

#### Displacement of calculi

- No change-0
- Displace up to ureter 1+
- Displace up to bladder 2+
- Not present in urinary tract 3+

Symptoms		Patients				
		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Pain	Before therapy	2+	1+	1+	2+	2+
	After therapy	1+	0	0	1+	0
Burning micturition	Before therapy	2+	0	1+	3+	2+
	After therapy	0	0	0	1+	0
Dysuria	Before therapy	0	1+	0	0	0

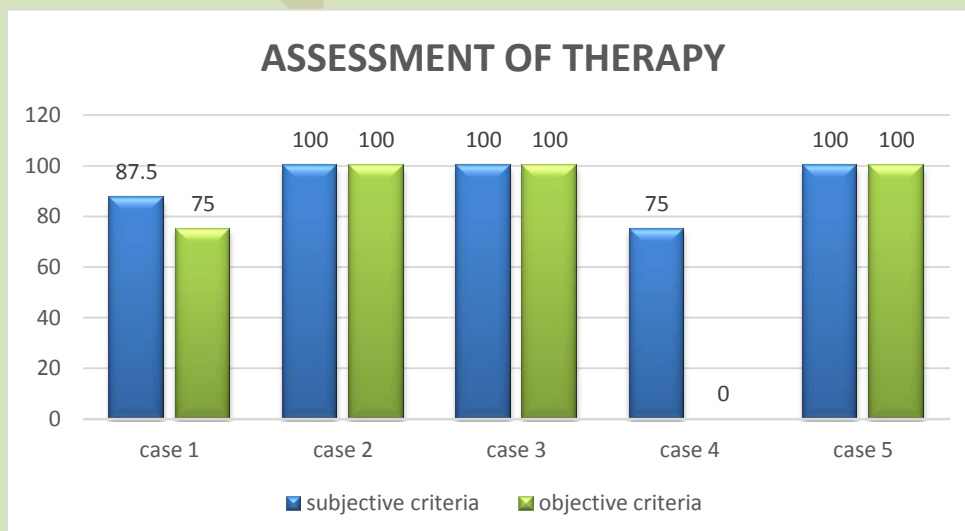
	<b>After therapy</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Hematuria</b>	<b>Before therapy</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1+</b>	<b>0</b>
	<b>After therapy</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Objective criteria-**

		<b>Patients</b>				
		<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>	<b>5<sup>th</sup></b>
<b>Change in Dimensions of calculi</b>	<b>Before therapy</b>	<b>4.1mm</b>	<b>3mm</b>	<b>4mm</b>	<b>4.2mm</b>	<b>4.4mm</b>
	<b>After therapy</b>	<b>0</b>	<b>+1</b>	<b>+1</b>	<b>0</b>	<b>+1</b>
<b>Number of calculi And site</b>	<b>Before therapy</b>	<b>1 Rt renal</b>	<b>1 Rt renal</b>	<b>1 Rt renal</b>	<b>1 Lt renal</b>	<b>1 Lt renal</b>
	<b>After therapy</b>	<b>0</b>	<b>+1</b>	<b>+1</b>	<b>0</b>	<b>+1</b>
<b>Displacement of calculi</b>	<b>After therapy</b>	<b>2+</b>	<b>3+</b>	<b>3+</b>	<b>0</b>	<b>3+</b>

**OVERALL ASSESSMENT OF THERAPY:**

<b>Case no.</b>	<b>Assessment of Subjective criteria</b>	<b>Assessment of objective criteria (dimensions)</b>	<b>All over assessment of therapy</b>
<b>1<sup>st</sup> case</b>	<b>87.5 %</b>	<b>75 %</b>	<b>Markedly improved</b>
<b>2<sup>nd</sup> case</b>	<b>100 %</b>	<b>100 %</b>	<b>Cured</b>
<b>3<sup>rd</sup> case</b>	<b>100 %</b>	<b>100 %</b>	<b>Cured</b>
<b>4<sup>th</sup> case</b>	<b>75 %</b>	<b>0 %</b>	<b>No improvement</b>
<b>5<sup>th</sup> case</b>	<b>100 %</b>	<b>100 %</b>	<b>Cured</b>



**Cured:** 80 – 100 % relief in sign and symptoms &

Removal of stone or >80% decrease in size

**Marked improvement:** 60 - < 80 % relief in sign and symptoms &

> 60 - 80% decrease in size of stone

**Moderate improvement:** 40 - < 60 % relief in sign and symptoms &

> 40 - 60% decrease in size of stone

**Mild improvement:** 20 - <40 % relief in sign and symptoms &

< 40% decrease in size of stone

**No improvement:** < 20% relief in sign and symptoms &

no change in size of stone or increase in size of stone.

## DISCUSSION

As per study proceeds collected data showed some significant findings. According to all over assessment criteria out of five subjects three showed positive findings as no renal calculi had been detected in USG (abd) after therapy followed by significant changes in signs and symptoms. According to data therapy got 60 % of relief without a single query.

1<sup>st</sup> enrolled subject showed marked improvement as 87.5 % sign and symptoms were relived but the position of calculi is in bladder.

4<sup>th</sup> enrolled showed 75 % decrease in signs and symptoms but no change in size of renal calculi. Hence only 20% subjects were unrelieved and total cured, markedly improved subjects were 80% of the study.

## MODUS OPERANDI OF VRIKKABASTI:

In *Samyaka Shirobasti Lakshana*, *Acharya Dalhana* mentioned that, *Dharayet ttam Avaktranasikakledat*, from this we can say that, any *sthanic basti* induces localized *kledsrava* which may consider as *Shodhana*, *Asanshodhanshilasya* is causative factor for *Ashmari* so from the above references we may consider that *Vrikkabasti* is one of the *shodhana upkarma* in *Ashmari*.

*Sarvesham snehanam hitam* is the main line of treatment in all *Ashmari* and as we know, *sthanik basti* is one of the localized oleation therapy which may be effective while using as *Vrikkabasti*.

## CONCLUSION:

From above consideration we can conclude that *Varunadi Taila Vrikkabasti* is effective management in renal calculi.

## SCOPE FOR RESEARCH:

1. Result may get standardized by taking more population size.

2. *Vrikkabasti* may give positive result in renal failure, renal HTn, hormonal imbalance caused by suprarenal glands, diabetic nephropathy, etc.
3. By changing a medicated oil for *Vrikkabasti* like *Vishnu*
4. *tail, Ushiradya tail, Virtarvadi tail, Shigru tail* etc we may get some positive results in various pathological conditions of renal system

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