



Role of Sahastravedhi Tarun sneha in the management yakrutodar with special reference to Alcoholic liver disease.

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Abstract- Acharya charak described Sannipatodara as one of the type of udara, belongs to ashtomahagada, so it's difficult to cure. Udara Samprapti starts from defective digestion strength i. e. Agnidoshha & causes malavruddhi & its accumulation. Increase in waste products and its stagnation are the reasons for the disease like Udara, Suppression of Agni & continuation of hetu sevana leads to Ama production & its accumulations, it vitiates prana, agni & apana due to which, there is obstruction to upward & downward channel of circulation. Overall, it causes vitiation & excessive provocation of vayu.

Considering, its chronicity & severity due to excessive consumption of hetus, excessive accumulation of mala & toxins, the disease becomes irreversible. When Vata dosha becomes dominant, it disrupts overall body metabolism, making the patient susceptible to complications such as hepatic failure, hepato-renal syndrome, muscle wasting, hyperammonemia, and encephalopathy.. The pathogenesis of hepatic encephalopathy is multi-factorial & ammonia is considered as an important risk factor. As per Modern science, elevation in Blood Ammonia causes hepatic encephalopathy ammonia reaches the systemic circulation & accumulates in the central nervous system, to combat this chain of pathogenesis, we have selected "Shahastravedhi Tarun Sneha." Alcohol is direct hepato-toxic and will develop alcoholic hepatitis & further it will progress to liver cirrhosis. As the disease becomes advanced, serious complications of cirrhosis occurs. In liver cirrhosis, gut derived neuro-toxins that are not removed by the liver,

because of vascular shunting and decrease hepatic mass gets to the brain. Ammonia is produced during normal protein metabolism in the colon. liver & striated muscles plays a major role in de-toxification of ammonia. Patients with advanced liver disease typically have significant muscle wasting & muscle wasting is common occurrence in liver cirrhosis due to dominance of Vayu. Probable mode of action of Hingu misrit Erand sneh is described in current paper

Key Words : Udar, Mahagad, Hingu, Erand sneh.

Introduction

According to Ayurveda, the body's physiology is governed by the Tridosha theory, which includes Vata, Pitta, and Kapha. Similarly, the function of the urinary system (Mutravahasrotas) is regulated by Apana Vayu, one of the five types of Vayu. Any imbalance in Apana Vayu can lead to disorders of the urinary system. Mutrashmari, a disease of the Mutravahasrotas, is associated with Basti marma. Stones (Ashmari) are formed when Vata causes dryness in the urine, Sukra, Pitta, or Kapha stored in the urinary bladder, resulting in bladder distension, severe pain, and difficulty in urination. Sushruta explains that Mutrashmari forms due to Srotovaigunya, which arises from Dusita Kapha in the Basti, combined with Pradusita Vata and Pitta. According to Ayurvedic literature, urinary calculi are classified into four categories: Śleṣmāśmari, Pittāśmari, Vatāśmari, and Śukrāśmari.

herbal drugs have proven effects like immuno-modulation, adapto-genic and antimutagenic. The excessive use of synthetic drugs, often causing a higher rate of adverse reactions, has encouraged people to seek natural and safer remedies. In modern science, a urinary calculus is described as a stone-like structure formed from urinary salts bound by an organic colloid matrix. It typically has a central nucleus surrounded by concentric layers of deposited urinary salts. The treatment principle of Urinary calculus in modern science is flush therapy in case of stones up to 5mm. In larger stones the advanced techniques like, Extra corporeal Shock Wave Lithotripsy (ESWL), Nephrolithotomy, Ureteroscopy and Percutaneous nephrolithotomy (PCNL) are done, but these treatments have their own limitations which may lead to complications and are very expensive and cannot be met by common man.

Material and Methods

Case report

A 50 years old patient came to the kayachikitsa OPD C/O *Mutradaha*, *Adhaman, Sakashtamutravavruti*. since from 1 month

Examination:

GC- Moderate

Pulse – 76/min

BP- 130/90 mmhg

Adv

LFT

Sr. Bilirubin (total) 0.6mg/dl

Sr.Bilirubin(Direct) 0.28mg/dl
 Sr.Bilirubin (indirect) 0.39 mg/dl
 S.G.O.T- 35U/L
 S.G.P.T -27 U/L
 Alkaline phosphatase 68U/L
 Sr.total Proteins 6.1gm/dl
 Sr.Albumin 3.2gm/dl
 Sr.Globulin 2.90 gm/dl
 A/G Ratio 1.10
 Sr. Creatinine 1.15 mg /dl

TRETMENT

Treatment details

VARUNADI KWATHA

Ingredient of Varunadhi Kwatha are Varuna, Gokshur, Shunthi, Yavakshara

It has properties of Chedana ,Bhedana, Lekhan ,Tridoshghna ,Mutrala,Anulomana and krimighna .Property of Varunadi Kashaya help in breaking down pathogenesis of Ashamari .

Pashanbheda :

Ras- tikta ,kashaya,Vipak- Katu , Virya- shita Mutrala,
Gokshur

Ras-Madura Vipak -Madur Virya-Shita

Punarnava

Sr.No	DRUGS	DOSE	DEURATION	ANUPAN
1	VarunadiKwatha	15 ml	TDS	Koshana jala
2	Pashanbheda Churna	1gm	TDS	Koshana jala
3	GOkshura Churna	1gm	TDS	Koshana jala
4	Punarnava Churna	1gm	TDS	Koshana jala
5	Yavakshara	250mg	TDS	Koshana jala
6	Hriber pishtti	250 mg	TDS	Koshana jala

Ras- Madhura Tikta ,Kashaya Vipak- Katu Virya- Ushana

Yavakshara

Ras – Madhura Vipaka- Katu Virya – Sheeta , Bhedana, Lekhan karma

Sr.No	USG Abdomen before treatment	USG Abdomen After treatment
1	Left renal calculi 4.5mm sited in lower pole of Lt kidney and 5.3mm sized calculi noted in mid pole of kidney Grade II Fatty liver	A 4mm calculus is at mid pole of kidney Grade I fatty liver

RESULT AND DISCUSSION:

Proper administration of prophylactic and therapeutic Ayurvedic medicines helps reduce morbidity through their diuretic and lithotriptic actions, which aid in the expulsion of urinary stones. To minimize the likelihood of recurrence, patients are strongly advised to adhere to specific dietary guidelines, lifestyle modifications, and behavioral practices (Pathyapathya) during treatment and continue them thereafter. Acharya Sushruta says Nidana Parivarjna is as a major treatment tool for any disease. As this report presents only a single case study, applying the same intervention to a larger population would help further assess the efficacy of Varunadi Kwatha Churna and the role of Pathya in the management of Mutrashmari. Mutra daha, Sakashatamutra pravrutti relief from this symptoms after treatment of 2 month follow up and pathyaapathya

CONCLUSION

Ayurvedic shaman chikitsa is effective in Mutrashmari beneficial in patient

In this case all symptoms like Pain & Burning micturation sensation are markedly diminished in 2 months study. Shamana chikitsa are significantly effective, followed by proper Pathya & Apathya. beneficial in the patient of Mutrashmari by relieving the pain most of its contents are Vataghna, Vednasthapan and Shothahara Dravya and bloodpurifier which detoxify body.

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