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THE STUDY OF ROLE OF GUDUCHI KWATHA IN BAHUPITTA KAMALA

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ABSTRACT

In spite of progress in medical science, the diseases of liver have remained in a challenge to the medical profession. They are common in developed as well as underdeveloped countries. In India, the food habits have changed during the last few years. The spicy and fermented food, aerated waters, excessive consumption of alcoholic beverages has spread in a rapid manner. The main source of drinking water is polluted at many places. All these factors lead to diseases mainly Bahupitta Kamala. In the present study, single plant Guduchi (Tinospora cordifolia) was used in the decoction form and the results were recorded.

KEYWORDS: Bahupitta Kamala, Guduchi Kwatha, Yakruta.

INTRODUCTION

Haranachandra, the commentator of Sushruta samhita describes the definition of Kamala.^[1] Kamala is a disease in which the affinities towards food materials and other activities are reduced or lessened. The liking or the attraction towards any subject is lost.

In Vedic literature, Harimana is described as synonym of Kamala.^[2] It means yellowish discolouration of body, a cardinal symptom of the disease.

Charak has described the classification of Kamala of two types^[3] Kosthashakhashrita Kamala or Bahupitta Kamala and Alpapitta or Rudhamarga Kamala. Sushruta has described Kamala, Kumbha Kamala^[4] etc. Ashtang Hridaya have described Koshthashakhashrita Kamala in Nidan Sthana and Shakhashrita Kamala in Chikitsa Sthana^[5] while describing the treatment

of Pandu and Kamala. Madhava Nidana has not described Shakhashrit Kamala.^[6] Sharangdhara Samhita has mentioned Kamla to be of one type only.^[7]

In Koshtashakhashrita Kamala, vitiated dosha is present in koshta i.e. Abhyantara marga and Shakha marga i.e. bahya marga. In this type, the colour of netra, twaka, nakha gets deep yellow or turmeric yellow colour. Patient passes Haridarvarna (deep yellow) or Raktapitta (reddish yellow coloured) urine and stool. Skin becomespale or like frog's skin. Sense organs cannot function properly. There is also Aruchi, Dourabalya, Jwara, arati, daha etc. The present study deals with Bahupitta Kamala.

For shaman purpose, pittaghna dravya are used. Guduchi, Bhumyamalaki, Vasa, Bhunimba, nimbi, Haritaki, Haridra, Kumari, Daruharidra, Patol, Musta, Erand, Mridvika, Yasthimadhu have been mentioned.

There is no specific treatment for Bahuputti Kamala in modern medicine. Though it is not always fatal, it undergoes a variable course. Many times this kamala produces damage to the liver which may cause repeated attacks of Kamala. In Ayurveda, many therapies are mentioned for kamala. At certain places, traditional or domestic measures are used to treat such conditions. Ayurveda is a medical science and so it has studied kamala in scientific manner. Considering the present way of scientific thinking, it is essential that proper documentation is very necessary to prove the efficacy of any line of treatment.

In 1993, there was an epidemic of Bahupitta Kamala in Satara district. During that period, hundreds of patients were treated by Dr. M.N. Agashe Charitable Hospital, Satara with different Ayurved medicines. The important medicine which was used was Guduchi. It was given in the form of decoction. The results were satisfactory. It was observed that the single plant Guduchi shows remarkable satisfactory results. Therefore it was decided to conduct a scientific study of Guduchi Kwatha in Bahupitta Kamala.

AIMS AND OBJECTS

- 1. The study of the role of Guduchi Kwatha in Bahupitta Kamala.
- 2. Depending upon the results obtained, to find out the probable mode of action of Guduchi.

MATERIALS AND METHODS

Patients suffering from Bahupitta Kamala were selected on the basis of the clinical and laboratorial assessment.

Selection of Cases

- 1. Netra, Twaka Pitata(yellowish discolouration of eyes and skin)
- 2. Mala and mootra pitata(yellowish discolouration of faeces and urine)
- 3. Kshudamandhya(loss of appetite)
- 4. Daha(Burning sensation over body)
- 5. Gastro-intestinal tract disturbances i.e. vomiting or diarrhoea

Exclusion criteria

- 1. Known case of congenital liver disorder.
- 2. Pregnant women
- 3. Patients in Delirium state or in Hepatic coma.
- 4. Patients having Haemolytic Jaundice.
- 5. Patients having obstructive pathology, liver cirrhosis, liver carcinoma.

The following investigations were done.

- 1) Urine examination
- 2) Stool examination
- 3) Blood
- a) Routine examination
- b) Serological examination
- i) Serum Bilirubin
- ii) Serum Alkaline phosphatise
- iii) SGPT, SGPT

Criteria for cure

- 1. Clinical relief from Lakshanas
- 2. Reduced Twak Mootra Pitata
- 3. Favourable changes in laboratory findings

Treatment

Drug : Guduchi Kwatha; prepared from 15 gm of fresh Guduchi stem.

Dose : 30 ml two times a day

- 1. Duration : 21 days
- 2. Diet : Rice, Mooga Dal, Jawar Roti
- 3. Follow up : Upto 3 months

RESULTS

Age incidence: The age group for the study was from 10-60 years. The group upto 16 years is 16% of the total patients of Bahupitta Kamala. The group of Tarunavasta were 52%, Madhyamavasta were 32% of the total number of patients.

The incidence of Bahupitta Kamala was higher in Tarunyavastha.

2) Sex Incidence of Bahupitta Kamala

The patients belonging to both the sexes were registered in this study. Out of the 25 patients, 84% were males and 16% were females. There was higher incidence in male patients.

3) Distribution of patients according to kala

Number of patients in Adanakala was 17% i.e. 68% of total number of patients and number of patients in Visargakala was 8 i.e. 32%. In Adanakala, there was higher incidence of Bahupitta Kamala.

4) The occupation of the patients of Bahupitta Kamala were agriculture, service both mobile as well as sedentary and labour. Out of 25 patients, 24% belonged to agriculturists, 12% belonged to sedentary services, 8% were housewives and 16% were students. There was higher incidence in mobile servicers and agriculturists.

5) Rural Vs.Urban Incidence of Bahupitta Kamala.

64% belonged to rural population whereas 36% came from Urban population.

6) Distribution according to the constitution of the patients.

All the 25 cases studied were observed from the constitutional point of constitutional point of view. Maximum incidence of disease showed in patients of vatapitta constitution were 60%, pittakapha showed 28% and kaphavata showed 12%.

7). Incidence of lakshanas like Malamoootra pitata, Aruchi, Dourabalya, Sadan, Hrilasa, Cchardi was found higher number of patients. Other lakshana like Daha, Jwara, Yakruta Vriddhi, Trishna, Dourabalendriya, udarshoola i.e. abdominal discomfort with pain Rt. Hypochondriac region was noted in lesser number of patients. The relief from lakshanas after treatment show a higher incidence.

Observations of lakshanas of the patients of Bahupitta Kamala before treatment and a relief from lakshanas after treatment:

Sr.No	Lakshanas	Lakshanas present in no. Of cases Before treatment	Lakshanas present after treatment	Curing percentage
А	Mala mootra Pitata	25	19	76%
В	Aruchi	25	25	100%
С	Hrilasa	13	13	100%
D	Chardi	9	9	100%
E	Dourbalya	23	17	73.9%
F	Sadan	20	17	85%
G	Jwara	6	6	100%
Н	Yakrut Vriddhi	9	3	33.3%
Ι	Daha	7	6	85.7%
J	Udarshoola	5	5	100%
K	Trishana	5	5	100%
L	Dourbalendriya	5	5	100%

Levels of Serum Bilirubin before and after the treatment.

Sr.No	Initials of the	Levels of Sr.Bilirubin	Levls of Sr.Bilirubin after	
	patients	Before treatment mgm%	treatment mgm%	
1.	SVV	1.8	0.98	
2.	KVS	3.13	1.28	
3.	SPS	2.40	1.21	
4.	JKB	3.60	1.50	
5.	PVG	3.09	1.20	
6.	UTG	5.55	1.75	
7.	KSY	2.72	1.42	
8.	VBW	3.02	0.76	
9.	SSA	1.66	0.92	
10.	SBP	4.98	1.02	
11.	TTJ	1.66	0.64	
12.	GDP	1.20	1.02	
13.	CJD	3.02	1.22	
14.	KMS	3.16	0.90	
15.	GHY	2.40	0.88	
16.	SMS	1.05	0.96	
17.	GMA	2.18	0.97	
18.	TBJ	2.01	0.99	
19.	PNS	3.06	1.02	
20.	BAS	4.40	1.21	
21.	KJD	1.88	0.84	
22.	GMS	4.58	0.98	
23.	MVN	3.60	1.20	
24.	KGR	4.43	1.28	
25.	SAG	4.23	1.02	

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	Levels of Srbilirubin	Levels of Sr. Bilirubin	Difference	Squares
Sr.No	Before treatment X1	After treatment X2	d=X1-X2	d[1]
1.	1.8	0.98	0.82	0.67
2.	3.13	1.28	1.85	3.42
3.	2.40	1.21	1.19	1.42
4.	3.60	1.50	2.10	4.41
5.	3.09	1.20	1.89	3.57
6.	5.55	1.75	3.80	14.44
7.	2.72	1.42	1.30	1.69
8.	3.02	0.76	2.26	5.11
9.	1.66	0.92	0.74	0.55
10.	4.98	1.02	3.96	15.68
11.	1.66	0.64	1.02	1.04
12.	1.20	1.02	0.18	0.032
13.	3.02	1.22	1.80	3.24
14.	3.16	0.90	2.26	5.11
15.	2.40	0.88	1.52	2.31
16.	1.05	0.96	0.09	0.01
17.	2.18	0.97	1.21	1.46
18.	2.01	0.99	1.02	1.04
19.	3.06	1.02	2.58	6.66
20.	4.40	1.21	3.19	10.18
21.	1.88	0.84	1.04	1.08
22.	4.58	0.98	3.60	12.96
23.	3.60	1.20	2.40	5.76
24.	4.43	1.28	3.15	9.92
25.	4.23	1.02	3.21	10.30
			48.22	122.06

Application of statistical 't' test for the data .

 $\mu 1\text{-}Average$ Serum bilirubin before treatment

 $\mu 2$ – Average Serum bilirubin after treatment

H0-There is no difference between M1 and M2

H1-Average of bilirubin before treatment is greater than average of bilirubin after treatment i.e test H0: μ 1= μ 2 Vs

H1: $\mu 1 \rightarrow \mu 2$

To test the hypothesis we use the sample statistics 't' as

 $t = d/S/\sqrt{n}$ tn-1

where n: No of pairs d= X1-X2

d2 - n(đ2`) $S=1/n-1 \times {\sum}$ For confirmation of the clinical results,'t' test has been applied. The procedure that is followed is described below. X1 = total bilirubin before treatmentX2 = total bilirubin after treatmentđ =X1-X2 d2 = It is the square value of each d Σ d2 = Summation of d squares N= no.of observations $\Sigma d = 48.22$ $\sum d^2 = 122.06$ $d = \sum d/n = 1.93$ S=1.09 $t_{n-1} = 8.85$

=1.71

Therefore we reject H_0 (Hypothesis) at 5% level of significance. Hence we accept H_1 that the average level of serum bilirubin is greater before treatment than after treatment. Hence the treatment of Guduchi Kwatha in Bahupitta Kamala is effective.

The relief from the lakshana of the disease Bahupitta Kamala in 25 patients is as follows Complete Relief -13 patients Partial Relief -12 patients No relief -0

Incidence of lakshanas like malamootrata pitata, aruchi, doubalya, sadan, hrilasa, chardi is found in a higher number of patients, Other lakshanas like Daha, jwara, yakruta vriddhi, trishna, dourabalendriya, udarshoola i.e abdominal discomfort with pain at Rt.hypochondriac region is noted in lesser number of patients. The relief from lakshanas after treatment show a higher incidence.

PROBABLE MODE OF ACTION OF GUDUCHI KWATHA IN BAHUPITTA KAMALA

Guduchi has following properties

Rasa – Tikta, katu, kashaya

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Vipaka – Madura Veerya – ushnya Guna- laghu Prabhava- rasayana. tridoshahara, balya, jeevaniya, agnideepak, sangrahini

Guduchi is a Vichitrapratyarabdha dravya.

Bahupitta Kamala is a disorder of pitta dosha. In Bahupitta Kamala, vitiated pitta circulates in the koshta as well as shakha marga. Vitiated pitta produces destruction of Mansa and Rakta. Yakruta is affected by vitiated pitta and daha, raga, paka is produced. It is also affected by vata and kapha. The pitta present at yakruta is affected and as well as agni is affected to a greater extent in Bahupitta Kamala.

Guduchi has the property of Sanshamana. Guduchi by its property of Tikta rasa, madhuravipaka acts on pitta dosha thereby removibg the vitiation and regulate the pitta to perform its normal function of Kshudha, Trushna, Ruchi etc.

As the pitta is being regulated, the further destructions of Mansa and Rakta is reduced. Also the daha produced at these dhatus is reduced by its property of dahashamana. It reduces the pitatva (yellowish tinge) produced in this disease.

Guduchi has the property of laghutva. It has the property of Agnideepana. By this, the hampered agni is corrected. Once the agni deepana is performed, the agni at Yakruta in the form of Ragakruta pitta is also corrected. Hence the ama produced in the body is removed by enhancing the agni. Thus the aruchi, hrilasa. chardi, arati are reduced. Also the jwara produced is reduced by its property of agnideepana and tikta rasa thereby, digesting ama.

In Bahupitta Kamala along with pitta, vata and kapha also take part in the samprapti. Guduchi has the property of Sanshamana. It regulates vata, pitta and kapha dosha which are affected in this disease.

Guduchi regulates vata thereby preventing the early destruction of the cells of Yakruta. It reduces pain in Yakruta.

Kapha is soma in nature. It counteracts the activity of pitta thereby has soothing action in pitta vyadhi like Bahupitta Kamala. Guduchi is Trioshashamaka. Therefore it reduces the shotha at yakruta.

Hence, all the dosha are regulated by Guduchi. Guduchi assists process of doshapaka. Guduchi is Rasayani and it has Madhura vipaka. Thus it helps to maintain the strength of dhatu.

Action of Guduchi has three dimentional role.

- 1) It acts as Pittashamana thereby reducing the prakupitta pitta.
- 2) It removes the vitiation of pitta and regulate the pitta dosha.
- It acts on the doshadushya sammurachyana of the disease Bahupitta Kamala and thus acts as Kamala vyadhinashaka.

Guduchi is one of the ideal dravya for Bahupitta Kamala. It can be used safely for a longer period. It may prevent the recurrence of Kamala.

REFERENCES

- Shabdakalpadruma -Part four By Raja Radha Kanta Deva Edition –Third 1967 Choukhamba Sanskrit series Office, Varanasi.
- 2. Ayurvediya Shabdakosh Tarkatirtha Lakshmanshastri Joshi, Maharashtra Rajya Sahitya and Sankriti Mandal, Mumbai.
- Atharvavedacha Subhodha Anuvada by P.Sripad Damodar Satavelekar Sawadhyaya Mandal, Balsad.
- 4. Bhavaprakash Nighantu Ninth Edition 1977, Motilal Banarasidas, Delhi.
- 5. Yogaratnakar Edition Second 1973, Choukhamba Sanskrit Series office, Varanasi 1.
- 6. Clinical Council for Research in Ayurveda & Siddha, New Delhi 1988.
- The Charak Samhita by Agnivesa revised by Charaka and Dridhabala with Ayurveda Dipika Commentary of Chakrapanidantta.
- 8. Sushruta Samhita of Susruta, Edition Fourth, 1980 Chaukhamba Orientalia, Varanasi
- 9. Kashyapa Samhita, Choukhamba Sanskrit Series office, Varanasi.
- 10. The Astanga Hridaya by Vagabhata, Edition 1939. Publisher –Pandurang Jawaji, Bombay
- 11. Bhaishajyaratanavali –by Govindadas Editin –Seventh Publisher-Motilal Banarasidas.
- Diseases of the Liver and Biliary system-Sheila Sherlock. Edition-Eighth Edition Publisher – Blackwell Scienitific Publication Boston Melbourne.
- Harita Samhita Edited with Asha Hindi Commentary by Ramavalamba Shastri Edition -1985 Publisher – Pracchya Prakashana, Varanasi.