

AYURVEDIC MANAGEMENT OF MDR TUBERCULOSIS; A CASE STUDY

Dr. A. P. Rana^{1*} and Dr. Nilesh Salve²

¹Asst. Professor, Balrog Dept. G.A.C. Osmanabad.

²PG Scholar, Agadanttra Dept. G.A.C. Osmanabad.

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*Corresponding Author

Dr. A. P. Rana

Asst. Professor, Balrog
Dept. G.A.C. Osmanabad.

ABSTRACT

Tuberculosis is an infectious condition usually caused by mycobacterium tuberculosis. Tuberculosis generally affects lungs, but can also affect other parts of body. The classic symptoms of active TB are cough with blood staining sputum, fever, night sweats and weight loss. According to Ayurveda it is closely related with *Rajyakshma*. Due to extreme vitiation of *saptadhatu ojakshaya* occur. While treating such cases, the vitiated *saptadhu daurbalya* should be corrected. Modern science recommend such patients primarily anti tuberculosis medicines for firm duration. If fails to respond to the first line of

therapy second line therapy is advisable. Modern anti cox therapy has failure rate. As medicines are not palatable and they are with lots of side effects. Patient discontinue the treatment and thus recurrence of tuberculine infection happen with previous drug resistance. While in Ayurveda such cases treated as *rajyakshma*. Vitiated *saptadhatu poshak aushadhi* and *panchakarma* adviced. And by systemic tridosh *shaman* the disease gets treated. This case study is all about the treatment of *rajyakshma* given to a multiple drug resistant tuberculosis patient and its positive relief.

KEYWORDS: *Saptadhatu ojakshaya*, *saptadhatu poshak aushadhi* and *panchakarma*.

INTRODUCTION

A 14 years old female patient, weighing 26 kg suffering from complaints of breathlessness, fatigability, lethargy, anorexia, insomnia, cachexia, air hunger since 1 month or so. Patient was known case of tuberculosis with severe pulmonary parenchymal destruction. After consulting to physician. She got diagnosed with multi drug resistance tuberculosis. She was previously advice to have anti cox treatment. Which wasn't tolerated by her and she left in

middle of treatment. Therefore symptoms gets severe and resistance got developed with anti tuberculine medications. she was under treatment for 1 month for symptoms. she was started with antibiotic, bronchodialators, supportive medications Anti tubercular medication adjusted to sensitivity of acid fast baccillus culture. She was initially started with bilevel c-pap with o2 @ 10 litres/min. But there was no any significant relief from treatment. Therefore patient came to government Ayurvedic hospital osmanabad in balrog department. According to ayurvedic samprapti it was diagnosed as *raja yaksma or kshaya*. And treatment of *rajyakshma* has been started. Medications such as *Jaimangal ras, shwas kas chintamani rasa, rajmrugank rasa, swarna sutshekhar rasa, shwas kuthar rasa, nagarjunabhra rasa, amrut kalash* used. Along with medications, *ksheer bala tail bahya Abhyanga, bruhat shaindhavadi tailum uro Abhyanga* is been used. Within 2-3 week patient got little relief from symptoms. And by the end of IPD treatment patient got significant relief from his previous complaints she was free from o2 support. Her appetite got increased. She gained weight. After stopping of anti tubercular treatment the Ayurvedic treatment continued. With regular follow ups and medications for 1 year patients got its routine life back with no restricted daily work or so.

1.1 Aims – Ayurvedic management of MDR tuberculosis; a case study.

1.2 Objectives

1. To observe the symptoms of tuberculosis in patient
2. To prepare an ayurvedic line of treatment according to samprapti of disease.
3. To analyse results
4. To observe role of ayurvedic drugs regimen as an adjuvant therapy
5. To observe adverse drug reaction or side effects if any

1.3 Methodology

To fulfill the aims and objectives of the study this work has been carried out in the following phase wise manner.

1. Conceptual study
2. Case study
3. Discussion
4. Conclusion and summary

1.0 Conceptual study

Multidrug resistance tuberculosis- multidrug resistance tuberculosis is a form of tuberculosis infection caused by bacteria that are resistant to treatment with at least two of the most powerful first line anti-tb medications isoniazid and rifampin. Tuberculosis is caused by infection with bacteria *Mycobacterium tuberculosis*. Beginning of with the first antibiotic treatment for tb in 1943, some strains of the tb bacteria developed resistance to standard drugs through genetic changes. Currently the majority of multidrug resistant cases of tb are due to one strain of tb bacteria called the Beijing lineage. This process accelerates if incorrect or inadequate treatments are used, leading to development and spread of multidrug resistant tb. Incorrect or inadequate treatment may be due to use of wrong medications, use of only one medication, not taking medication consistently or for full time period.

2.0 Case study – A 14 year old female patient, suffering from multidrug resistance tuberculosis.

Patient was having complaints of breathlessness, fatigability, lethargy, anorexia, insomnia, cachexia, air hunger. On examination patient was having MDR TB.

Patient was on anti-cox medication

But there was no improvement in any symptoms due to resistance during these medications. So an effort is made for ayurvedic interventions such as *shwas kas chintamani rasa*, *rajmrugank rasa*, *swarna sutshekhar rasa*, *shwas kuthar rasa*, *nagarjunabhra rasa*, *amrut kalash* etc.

There was systemic relief in symptoms when the patient was treated. Patient was at relief after the ayurvedic interventions.

2.1 Previous complaints of patient

1. Breathlessness,
2. Fatigability,
3. Lethargy,
4. Anorexia,
5. Insomnia,
6. Cachexia,
7. Air hunger

2.3 Previous medication of patient

Patients was on treatment with anti tubercular medicine with vitamins, haematinics, antacids.

But there was no relief in symptoms due to drug resistance.

Then patient was shifted to ayurvedic interventions with second line of treatment that of allopathic medication.

3.0 Ayurvedic treatment includes

3.1 Aushadhi chikitsa

Sr. No.	Drug	Composition	Medical use
1	<i>Shwas kas chintamani rasa</i>	<i>Parada, makshik, swarna, mukta, gandhaka, abhrak, loha, kantakari, chhag dugdhga, yashtimadhu, nagvalli</i>	<i>Bhaishajya ratnavali hikka shwas adhikara 85-87</i>
2	<i>Rajmrugank rasa</i>	<i>Parada, gandhaka, swarna, rajat, kharpara, vaikrant, loha vanga, naga, heeraka, pravala, vimala, manikya, tapya, mukta, shankha, vaidurya, tamra shukti hartala abhraka hingul manshila, gomeda, neela</i>	<i>Yogaratnakar rajayakshma chikitsa 330</i>
3	<i>Swarna sutshekhar rasa</i>	<i>Parade, swarna, tankana, vatsanabha, trikatu, gandhaka, dhattura, tamra, ela, twak, patra, nagkeshar, shankha, bilva, kachora, bhringaraja</i>	<i>Yogratnakar amlapitta chikitsa 705 AFI Vol.1, 20;52</i>
4	<i>Shwas kuthar rasa</i>	<i>Parade, gandhaka, vatsanabha, tankana, trikatu, manshila</i>	<i>Bhaishajya ratnavali, grahani rogadhikar, 523-532</i>
5	<i>Nagarjunabhra rasa</i>	<i>Abhraka, arjuna bark</i>	<i>Bhaishajya ratnavali, hikkashwasa chikitsa- 36/65-68</i>

All medication were given with standard allopathic medicines. After completion of anti cox treatment also these medications continued.

3.2 Panchakarma chikitsa.

Sr. no.	Panchakarma	Dravya used	Medical uses
1.	<i>Bahya abhyanga</i>	<i>Ksheer bala tail</i>	<i>balya</i>
2.	<i>Uro abhyanga</i>	<i>Bruhat shatavari tail</i>	<i>Shwasan sansthan balya</i>

The *snehana* continued for 3 months till the patients *daurbalya* and *shwasankashta* becomes normal.

DISCUSSION

Multi drug resistance tuberculosis are major health risks. But it is important to note that in ayurvedic prospective it is *rajayakshma*. While treating such patient one should have line of

treatment that of *rajyakshma* with treatment of associated symptoms. Ayurvedic interventions relieve the symptoms as well as do *samprapti bhang*. Therefore symptoms get reverted. It is a notable thing that after ayurvedic interventions, the patient got its symptoms relieved.

CONCLUSION

From above case study we can confirmly say that it is very important to have a ayurvedic vichar in tuberculosis. *Sapta dhatu daurbalya* in tuberculosis is the prime thought which should be considered while treating *rajyakshma* patients. *Samprapti* of such *roga* should be understood. And proper ayurvedic interventions for *samprapti bhang* should be administered. If such ayurvedic vichar along with proper *panchakarma* applied, the *samprapti* can be reverted back. And patient can have significant relief from symptoms.

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