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A CASE REPORT: AYURVEDIC MANAGEMENT OF DIABETIC NEPHROPATHY WITH CEREBRO - VASCULAR EVENT

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ABSTRACT

Diabetic nephropathy, also known as diabetic kidney disease, is the chronic loss of kidney function occurring in those with Diabetes Mellitus. The optimal therapy for diabetic nephropathy is prevention by (1) improved glycaemic control, (2) strict blood pressure control, and (3) administration of an ACE inhibitor or ARB. Dyslipidaemia should also be treated. A male ageing about 52 years came to our hospital on 28th July 2018 with fresh episode of CVE resulting in hemiplegia along with raised RBS & BP. After investigation it was noticed that Serum Urea and Serum Creatinine are markedly raised. So, patient was diagnosed as Diabetic nephropathy with CVE. *Charak* had stated that the treatment of *Pradhan Vyadhi* helps in resolving the *Anubandhya Vyadhi*. So, keeping this concept in mind we focused on control of raised BSL & BP along with prevention of progression of renal disease which is associated with an increased risk of death. Applying the Ayurvedic concept of management, *Karmabasti* was planned with some oral Ayurvedic preparation. *Basti* was given to the said patient comprising the drugs of *Mutravirechaniya Gana* of *Niruha* and *Anuvasan.* Clinical improvement that achieved after completion of course was encouraging in addition to very good control on Serum Urea and Serum Creatinine. The complete observation and results will be presented in full paper.

Keywords: Diabetic nephropathy, *Basti*, *Mutravirechaniya Gana* of *Niruha* and *Anuvasan.*

INTRODUCTION

Diabetes related complications affect many organ systems and are responsible for the majority of morbidity and mortality associated with the disease. Nephropathy is major complication in diabetic patient and, the optimal therapy for diabetic nephropathy is prevention by control of glycaemia [1]. About 30% of patients with type 1 diabetes have developed diabetic nephropathy 20 years after diagnosis. The risk of nephropathy in Caucasian population with type 2 diabetes is similar to those with type 1 diabetes. The pathophysiology is not fully understood and there are several postulated mechanisms by which hyperglycaemia causes the pathological changes seen in diabetic nephropathy the central features are activation of renin angiotensin system, leading to both internal and systemic effects as well as direct toxic effects of prolonged hyperglycaemia leading to renal inflammation and fibrosis [2]

Pakshavadha i.e. hemiplegia according to modern medicine which is mostly an upper motor neuron lesion disease is caused due to haemorrhage, thrombosis or embolism. Diabetes mellitus, hypertension etc. are the risk factors for the commencement of hemiplegia. Certainly the management of these risk factors became cardinal while treating the patients of hemiplegia.

In this case, blood sugar and blood pressure of patient was not under control**,** thus the uncontrolled blood sugar and hypertension may be one of the causes of CVE. *Charaka* had stated that the treatment of *Pradhan Vyadhi* helps in resolving the *Anubandhya Vyadhi* or *Updrava*. (C.C. 21/40). [3]

So, keeping this concept in mind the prime focus was given on the tight control of his blood sugar. Applying the Ayurvedic concept of management, *Karmabasti* was planned with some oral ayurvedic preparation. *Basti* was given to the said patient comprising the drugs of *Mutravirechaniya Gana* of *Niruha* [4] and *Anuvasan.* This combination of management relieves the symptoms of *Pakshavadh* in addition to good control on serum Urea and serum Creatinine.

A Case Profile:

A 52-year male residing at Nagpur having Type –II Diabetes Mellitus (*Madhumeha*) since two years. And had attack of CVE *(Pakshaghat*) with complaints of right side weakness with slurred speech, unable to walk, he brought by relative to OPD of Kayachikitsa in G.A.C. & Hospital, Nagpur on 28th July 2018 and he was hospitalised.

Clinical Feature: He had developed sudden right side weakness, *Vaka-aspshtta, Mukhvakrata* before 2 days**,** he had complaints of *Bahumutrata, Malavshthambha* since 4 months. For above complaints patient admitted under *Kayachikitsa* Department GACH Nagpur.

Present History: Patient had sudden onset of right side weakness, slurred speech, mouth angle deviation to left side, unable to walk, constipation since two days.

History of past illness: He was having diabetes mellitus and hypertension since 2 years, but not on regular medication, which is uncontrolled.

Personal History: Patient is worker in private company for 7-8 hours having history of addiction of alcohol consumption daily (60 to 90ml) and tobacco chewing since 20 years was found.

Family history- nonspecific.

General examination: Patient was examined thoroughly before treatment. *Parikshan* reveals that *Jivha* was coated and dry; he was obese. B.P.-210/120 mm of Hg, P.R.-72/min and regular and respiratory rate was 22/min, regular. Arterial and carotid pulsation bilaterally was equal.

Clinical findings - physical examination:

Physical examinations that are *Nadi, Mala, Mutra, Jinva, Shabda, Sparsha, Drik, Akriti, Sarata, Samhanan, Vyayamshakti, Aharshakti, Prakriti* are all examined and results are shown in Table no 1.

Table 1: Ayurvedic physical examination.

	Ayurvedic	
1	*Nadi* (pulse)	72/ minute, *Mandukagati*
2	*Mala* (stool)	*Grathita*, once in 2 days
3	*Mutra* (urine)	*Bahumutrata*
4	*Jihva* (tongue)	*Saama*
5	*Shabda* (speech)	*Aspashta*
6	*Sparsha* (skin)	*Shitoshna*
7	*Drik* (eyes)	*Blurred Vision*
8	*Akriti* (body posture)	*Sthula*
9	*Sarata, satva, satmya*	*Madhyam*
10	*Sanhanan*	*Madhyam*
11	*Vyayamshakti, Aharshakti*	*Alpa*
12	*Prakriti*	*Vata Pradhan Pitta Anubandhi*

Modern physical examination:

Respiratory system:

Size and shape of chest are normal, accessory muscle of respiration is working,

R.R- 22/ minute. Trachea centrally placed, tactile vocal fremitus is bilaterally equal, resonant sound all over chest, air entry bilaterally equal, crept and wheezing are absent.

Cardio vascular system: all findings are normal

Per abdomen examination: all findings are normal

CNS Examination:

Cranial nerve examinations show facial nerve abnormality revealed mouth angle deviation to left side and mouth blowing of right side is less than left. Patient is well oriented, pupillary reflexes are normal, another cranial nerve examination is normal.

Examination of Muscle Power Grades as shown in Table no 2. Reflexes of Biceps and triceps are normal and knee, ankle and planter reflexes are absent as shown in table no 3.

Table 2: Muscle power grade (MPG)

	Right	**Left**
Arms	2/5	5/5
Legs	3/5	5/5

Table 3: Reflexes

	Right	Left
Triceps	+++	Normal
Biceps	+++	Normal
Knee	+++	Normal
Ankle	Normal	Normal
Planter	Absent	Normal

Pathological Examinations:

On Admission

Haemoglobin was 12.8gm%, TLC- 8000/cu mm, N-79%, L-20%, E-1%. ESR- 12 mm/hour. BSL Random- Technically high (>500mg/dl), Sr. Creatinine-4.02 mgs%, Sr. Urea-55.88mg/dl, Total Cholesterol-232mg/dl, HDL-20mg/dl, LDL167mg/dl, Triglycerides-225 mg/dl, HbA1C-9.3%.

Routine urine and LFT was within normal limits.

CT Brain reveals that ill-defined hypodense areas noted in posterior limb of left internal capsule and right putamen of average attenuation 23HU s/o acute infract.

Management

In this case, *Pakshaghat* (CVE) is occurred as a result of Hypertension and uncontrolled blood sugar level which causes nephropathy. Thus, the uncontrolled blood sugar may be one of the causes of CVE in this case. *Charka* had stated that the treatment of *Pradhan Vyadhi* helps in resolving the *Anubandhya Vyadhi* (CC 21/40).

So, keeping this concept in mind the prime focus was given on the tight control of his blood sugar level and blood pressure, So, a decoction of *Phalatrikaadi*[5] (*Triphala, Musta, Daruharidra, Indrayana & Haridra), Jambubeej Churna* and *Khadir* in the dose of 40 ml twice daily in *apan-vyan kala* was administered for one month and also given decoction of *gokshur, saariva, punarnava, manjishta churna* in the dose of 40ml in *apan kala* along with *Sarvang Abhyang* and *Swedan. Karmabasti* was planned. *Basti* was given to the said patient comprising the drugs of *Mutravirechaniya Gana* of *Niruha* and *Anuvasan* of *siddha tail* (60ml) of same *Gana.* Along with Tablet Metformin 500 mg for BD before meal, Tablet Telma H (40/12.5) given OD then BP goes on decreasing gradually upto control by shifting on Tab Telma Am (40/5mg) OD, Tab Atorvastin 20mg for OD with strict diet restrictions and few exercises were also advised to the patient.

Pathya Apathya

Pathya is one which is compatible to body and which is not harmful to the body. An another definition of *Pathya* which is a *Priyam* (suitable) to *Manasa* and *Shareera* is called *Pathya*[6].

Diet schedule:

Morning breakfast: Upma, fruits.

Lunch: 1-2 bhakari, Sabji, Green Vegitables, cow ghee, Dal rise.

Apathya: *Divaswapa, Guru ahara,* Oily-spicy food, junk food, Bakery products, Non veg, curd.

Result

Observation and Results

Table 4: BSL Charting (mg/dl)

DATE	BSL -R	BSL-F	BSL -PP
30/07/2018	Technically high	-	-
31/07/2018	-	297	452
7/08/2018	-	112	198
16/8/2018	-	100	174
21/08/2018	-	85	132

Table 5: Serum Creatinine(mgs%)

DATE	Urea	Sr Creatinine
31/7/2018	55.88	4.02
3/8/2018	49.28	3.78
21/08/2018	31.5	1.83
26/09/2018	33.6	1.21

Table 6: MPG (Muscle Power Grade)

LIMB	27/01/16	27/02/16
Right Upper limb	2/5	4/5
Right Lower limb	3/5	5/5

Above observation shows the reduction in BSL Fasting from 297 mg/dl to 85mg/dl and reduction in post meal from 452 mg/dl to 132 mg/dl, reduction in serum creatinine from 4.02 mgs% to 1.21 mgs%, reduction in serum urea from 55.88 mg/dl to 33.6 mg/dl,

This combination of management relieves the symptoms of *Pakshavadh*, Muscle power grade of right upper limb is improved from 2/5 to 4/5 and right lower limb from 3/5 to 5/5. He was able to walk without support. Slurred speech improved. Constipation gets gradually reduced; mouth angle deviation to left side is appeared to be normal in one month. He was able to blow mouth equally on both side plantar reflexes remain as it is.

DISCUSSION

Diabetes mellitus, hypertension etc are the risk factors for the commencement of hemiplegia. Certainly the management of these risk factors became cardinal while treating the patients of hemiplegia. In this case *Pakshaghat* is developed as a result of *Madhumeha-janya updrava*.

Decoction of *Phalatrikaadi (Triphala, Musta, Daruharidra, Indrayana & Haridra(C.CH.6/40) Jambubeej Churna* and *Khadir* in the dose of 40 ml twice daily was administered. Due to *Kashaya, Tikta Rasa, Ruksha Guna* of above drugs it acts as *Kleda Shoshak* and *Medodushti Nashak* which in turn helped to reduce symptoms of *Madhumeha.* According to *sushrut, Vrukka Nirmiti*[7] is from *Meda* and *Rakta* keeping this concept in mind we used *Kwath of gokshur, punar-*

nava, saariva, manjishta churn along with *Medopachak vati* 2 BD in *Vyan-Udan kala. Karma Basti* comprising the drugs of *Mutravirechaniya Gana* for *Niruha* (750ml) and *Anuvasan* of *siddha tail* (60ml) of same *Gana* was given for 30 days. Along with Antihypertensive, Antilipidemic and Antidiabetic drugs. This combination of management relieves the symptoms of *Pakshavadh* in addition to reduction of raised serum creatinine level.

CONCLUSION

So, the combination of Basti and Ayurvedic preparations are very useful in diabetic nephropathy as they reduced markedly, raised serum creatinine level, and blood sugar level in addition to clinical improvement of the patient.

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