“NEED TO CHANGE HEALTH CARE POLICY, INFLUENCE OF LIFE STYLE DISORDERS WHICH AGGRAVATE CKD AND TO ESTABLISH AFFORDABLE CONVENTIONAL APPROACH FOR TREATMENT OF RENAL DISORDERS w.s.r. TO MUTRAGHATA (CHRONIC RENAL FAILURE).”

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ABSTRACT

According to Ayurveda aggravation of “Tri-Dosha” is the root cause of the manifestation of diseases. In all types of retention of urine, generally vayu is the causative factor and pitta and kapha collaborate as covering agents1. The word Mutraghata comprises of two word i.e. “Mutra” & “aghata”, which stand for low urine output due to obstruction in the passage of urine. In Ayurveda the samprapti of mutraghata is concern, there is dearranged function of apana vayu along with the aggravation of kapha & pitta produces ama, which ultimately causes Srotoavarodha in Mutravaha- srotasa1. The aggravate Doshas travel through sukshma srotasa & finally lodge in basti , where upon further aggravation of apana vayu lead to mutraghata.The main characteristic symtoms are oliguria – anuria with edema (facial / generalized), the condition may be associated with nausea and / or vomiting, loss of appetite, muscle cramps vertigo / dizziness with or without headache, hiccough, breathlessness, weakness / malaise and anemia2. Mutraghata stand for low urine output due to obstruction in the passage of urine. The disorders of Mutravaha Srotasa, which have resemblance with the description of urological disorders on modern parlance, are well described in Ayurvedic literature. Charak has mentioned Mutraghata in Siddhisthanastathi - 9 in the form of Basti dosha, While Sushruta described Mutraghata in Uttartantra 58.

Keywords – Mutraghata , Dosha, CKD.
INTRODUCTION –:

Chronic kidney disease (CKD) emerging public health problems in developing countries and need changes in health care policy. CKD is slowly progressive problem in the kidney which damages filtering units of the kidney and leads to a serious condition. The global Burden of disease (GBD) ranked as 17th among the causes of death globally. In many developing countries like India, is now among the top five causes of death and the mid zone of the country which means we the inhabitant of the part of India are more prone to this dreadful disease. Persistent nausea, excessive drowsiness or fatigue, confusion, unexplained shortness of breath, edema, dry and itchy skin, pain in abdomen, change in colour in urine, muscle cramp, frequency urge of urination, loss of appetite, weight loss / weight gain are the cardinal signs and symptoms which are risk factors triggers in the body by the blockage of certain specific channels named srotas.

As the conventional approaches of management are not affordable, exploration of a safe and alternative therapy is needed to be helpful in reducing the requirements of dialysis and postponing the renal transplantation. The aim of the conceptual study is to find out successful Ayurvedic remedies and update the knowledge of academicians, practitioners and research scholars with recent advances in diagnosing and managing the renal disease.

**Aim and objective -:-** To assess the Function of kidney in values of Serum creatinine, Blood urea and Glomerular Filtration Rate (GFR).

**Materials and Methods -:-** This article is based on a review of Ayurvedic texts and modern texts. Materials related to Serum creatinine, Blood urea and Glomerular Filtration Rate (GFR) levels, and

Other relevant topic has been collected. The main Ayurvedic texts used in this study are Charak Samhita, Sushruta Samhita, Astanga Hridaya and available commentaries on these. We have also referred to the modern texts and searched websites & reports to collect information on the current topics.

**Differential diagnosis -:-**

**Pre-rerenal -:-** Poor cardiac function, chronic liver insufficiency,

Narrowing of renal arteries

**Renal -:-** Diabetic nephropathy, Hypertensive Nephrosclerosis, Chronic glomerular diseases, Chronic Interstitial Nephritis, Polycystic Kidney Disease, Hereditary renal diseases

**Post-renal -:-** PUJ obstruction, Urinary calculus, BPH, Obstructive uropathy.

**Clinical Diagnosis -:-** On the basis of history and clinical presentation as described above, a patient can be diagnosed provisionally as case of chronic renal failure.
Investigations - :

a. Raised Serum Creatinine level above normal range, Raised Blood Urea level above normal, Low Hemoglobin percentage than normal
b. S. electrolytes: Altered or normal serum electrolytes and calcium
c. S. Uric Acid: Serum uric acid may rise as a secondary hyperuricemia.
d. Blood Sugar: Blood sugar level should be checked for the patients of diabetic nephropathy, often there is reduction in blood sugar levels in diabetics as they develop renal insufficiency.

Treatment -: In the initial stage when the patient having mild features of chronic renal failure, along with dietary corrections, two or more of the following drugs may be given:

The initial stage —:

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Drug form</th>
<th>dose</th>
<th>Time of administration</th>
<th>Duration</th>
<th>Anupana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gokshura Churna</td>
<td>Powder</td>
<td>3-6 gram</td>
<td>After meal/thrice daily</td>
<td>2-3 weeks</td>
<td>with water</td>
</tr>
<tr>
<td>Punarnava Churna</td>
<td>powder</td>
<td>2 – 3 gram</td>
<td>After meal/thrice daily</td>
<td>2-3 weeks</td>
<td>with water</td>
</tr>
<tr>
<td>Guduchi Churna3</td>
<td>powder</td>
<td>3-6 gram</td>
<td>After meal/thrice daily</td>
<td>2-3 weeks</td>
<td>with water</td>
</tr>
<tr>
<td>Bhumyamalaki Churna</td>
<td>powder</td>
<td>3-6 gram</td>
<td>After meal/thrice daily</td>
<td>2-3 weeks</td>
<td>With water</td>
</tr>
<tr>
<td>Gokushuradi Guggulu6</td>
<td>Vati</td>
<td>1-2 Vati</td>
<td>After meal/thrice daily</td>
<td>2-3 weeks</td>
<td>With water</td>
</tr>
<tr>
<td>Varunadi Kwatha8</td>
<td>Decoction</td>
<td>12-24 ml</td>
<td>After meal / thrice daily</td>
<td>2-3 weeks</td>
<td>With water</td>
</tr>
<tr>
<td>Punaravashtaka Kwataka7</td>
<td>Decoction</td>
<td>12-24 ml</td>
<td>After meal / thrice daily</td>
<td>2-3 weeks</td>
<td>With water</td>
</tr>
</tbody>
</table>

In addition to these, patients may be advised to maintain input-output chart for fluid regulation.
Chronic stage -:

1. Urine: Albuminuria is commonly seen in all above cases.
2. Glomerular Filtration Rate (GFR): less than 60 mL/min/1.73 m² and persistent (present for > 3 months) with or without any symptoms and signs.
3. Ultrasound investigation: Ultrasonography (USG) of Kidney, Ureter and Bladder with signs of altered or loss of cortico-medullary differentiation with raised cortical echo-texture of the kidney. The size of the kidneys mostly becomes smaller.
4. Treatment: In addition to the management mentioned in Level 1, few of the following drugs may be added as per the requirement and status of the patient:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Drug form</th>
<th>dosage</th>
<th>Time of administration</th>
<th>Duration</th>
<th>Anupana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shuddha Shilajatu12</td>
<td>Powder</td>
<td>2-3 gm</td>
<td>After meal/twice daily</td>
<td>2-3 weeks</td>
<td>with milk</td>
</tr>
<tr>
<td>Vastyamayantaka Ghrita13</td>
<td>Liquid</td>
<td>5 – 10 ml</td>
<td>Twice a day on empty stomach</td>
<td>2 – 3 weeks</td>
<td>With warm milk</td>
</tr>
</tbody>
</table>

1. Shodhana -:

1. **Nadisvedana** -: in both the loin region once in the morning

2. **Niruhabasti** -: every day Morning time empty stomach (Nirahara). (Formation of Niruhabasti – Madhu 30 ml + Saindhava Lavana 5 g + Tila Taila 30 ml + Kalka Dravya (Shatapursha, Madanaphala, Pippali, Vacha in equal quantity) in Churṇa form 15 gm + Punarnavadi Kwatha14 – 240 ml according to classical method. Basti must be retained not less than 20 minutes for 15 days as yog basti krama.

3. **Uttarabasti** -: Dashamoola Taila 5 ml, particularly in cases of obstructive uropathy after completion of yog basti krama.

2. **Rasayana** -: Punarnavadi Rasayana, which may be used for either for prevention or management of the disease.
Ayurvedic adaptation for Pathya-Apathya (Diet and life style education) -:

**Do’s– Ahara :-** Food items prepared mainly from rice or rice flour, *Moong Daal*, fresh and easy to digest cooked vegetables with no/less Rock salt, apple, grapes, dates (except in diabetic nephropathy) and papaya, Rock salt in limited amount is preferred. Patients can take one or two *Chapatti* made of barley (for Sthauly) in a day. Sesame oil and cow ghee are to be used in small quantity but other cooking fats are to be avoided.

**Vihara :-** Timely meals, restricted intake of water, proper following of daily regimen

**Don’ts– Ahara:** All other flour items (i.e. wheat, millet, corn), bakery items, all oils except sesame, junk food, fermented items, salts, all the items having sour taste, chilies, deep fried items vegetables with slimy properties (brinjal, ladies finger etc.), non-vegetarian foods

• **Vihara:** Excessive physical and mental stress, day sleep and night vigil.

**Special cautions - :**

- If the patient is already on maintenance dialysis, it is to be continued. The frequency of dialysis is to be reduced according to improvement in the patient’s general condition and renal function.

- Patient not responding with above mentioned regimen are to be refereed to higher centers having facility of dialysis.

**Referral criteria:**

1. Patients not responding to above mentioned management

2. Patients having persistent raised Blood Urea and serum creatinine levels with or without oedema
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8. https://www.mhprofessional.com/medical/harrisons-principles-of-internal-medicine?gclid=Cj0KCQjwv7L6BRDxARIsAGj-34rHYu2V6cklPJRp82zMeME6kdRAI9VD6VJ4l0KgMbgl84wl-4Tghg8aAowAEALw_wcB

9. (I)Rasaratna Samuchchaya (20/93) edited 2006 By Author: Vagbhata; Ambikadatta Sastri publications Chowkhamba Sanskrit Series.


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