

Study the Add on Effect of Ashwagandha Ksheerpak in Patients of Pulmonary Tuberculosis

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Guide

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Introduction:

Among the various diseases in Ayurveda, Pulmonary TB can be correlated with Ekadashroop Rajyakshma. It involves tridosha dushti, saptadhatu kshaya, Jatharagni mandya, Balahani saptadhatvagni mandya. It has four main causative factors which give rise to four different samprapti. According to 2014 World Health Organization statistics estimated prevalence for TB is 2.5 million in India alone and throughout globe 9 million causes are reported. It is estimated that 40% of India's population is affected with TB.

In Maharashtra Pulmonary tuberculosis is most common infectious disease seeking attention of public health department. Low ventilated accommodation, low nutritious diet, high smoking rate, alcoholic indulgence, excessive physical work, lifestyle changes are certain factors causing TB. As TB primarily affects young and hard working group of society it will finally affect economy and development of our nation, which is why we have selected pulmonary TB for this research work.

Ayurvedic text says that there is diminished production of "Oja which leads to Balhaani in Rajyakshma; hence treatment should be Oja restoration and Bruhan chikitsa as per Ayurveda. No of drugs has been prescribed in Ayurvedic literature for the management of Rajyakshma and one among them is Ashwagandha Ksheerpak'. Acharya Sushrut has mentioned this drug is management of Rajyakshma is sushrut uttarsthanam 41 adhyaya. Main content of drug are Ashwagandha choorn and cow milk.

It is well known fact that Ashwagandha is one of the best drug in Rajyakshma and it also possesses Balya Rasayan, Kshayapaha properties which ultimately results in better nourishment of Saptadhatu. Ashwagandha and cow milk are well

known agents for their Brihana property. Hence "Ashwagandha Ksheerpak" has Rasayana and brihana drug for treatment of S been selected as pulmonary Tuberculosis (Rajyakshma).

Aim:

Study the add on effect of Ashwagandha Ksheerpak in Patients of Pulmonary Tuberculosis.

Objectives:

- 1) Study the clinical and pathological improvement along with this adjuvant therapy.
- 2) To increase success rate and decrease failure and relapse rate of pulmonary tuberculosis.

Ashwagandha :

The roots emit horse's smell, promotes sexual potency, strength and complexion.

Botanical Name -Withania somnifera Dunal

Withania - on the name of scientist Withan

Somnifera -one which induces sleep

Cause effect relationship- Karyadravya

Living - Non Living-Chetana Dravya

Constitution -Vayu, Purthvi, Akash Origin-
Audbhida

Usage - Aushadha Dravya

Morphology - Kshupa

Life Span -Bahuvarshayu

Rasa-Tikta, Kashaya

Vipaka- Madhura

Veerya- Ushna

Action on Dosha- Vata Kapha hara

Karma -Balya, Bruhana, Shukrala,
Rasayana, Vataha

Goksheer:

Rasa : Madhura

Vipaka : Madhura

Guna: Mnudu, Snigdha, Bahala, Shlakshna, Guru,
Pichila, Manda Anabhishtandi

Doshagnata: Vatapitta Shamak
Veerya:Sheeta

Patients Dose Ashnwgandha ksheerpak (80ml) early morning before breakfast.

Duration of trial:-120 days.

Follow up:-30h day, 60h day, 90h day and 120 day.

Route of administration:-oral.

Methodology

A) Place of work: Primary Health Center

B) Plan of work: Clinical trial was carried out on 40 patients of pulmonary tuberculosis in each group.

Total-80 patients.

GROUP A-40 Patients. (Only DOTS Therapy).

GROUP B-40 Patients (Ashwagandhaksheerpak with DOTS Therapy)

1) Total 80 patients were selected in the study

2) Prior consent was taken from each patient.

3) Patients were selected on O.P.D. and L.P.D. basis.

C) Selection of patients

All patients of Tuberculosis were selected irrespective of religion, sex, economical status, education, occupation etc.

Inclusion Criteria

- 1) Sex: Male/Female
- 2) Age:20 to 60 Years
- 3) Patients of sputum positive Pulmonary Tuberculosis disease.
- 4) Sputum negative X-Ray positive for Koch's disease.
- 5) CAT 1 TB Positive

Exclusion Criteria:

- 1) Extra pulmonary Koch's
- 2) Multi drug resistance T. B
- 3) Pregnant women and Balrugna.
- 4) Psychologically disturbed (ill) patient
- 5) HIV patients with Koch's disease
- 6) CAT 2, CAT 3 TB Patients
- 7) Patient having hepatic toxicity, other complications
- 8) Patients having PTB along with Ascitis /CCF/DM/COPD

Withdrawal Criteria:

The patients will be withdrawn from the trial if,

- a) Occurrence of serious adverse events.

b) The investigator feels that the protocol has been violated/patients has become in-cooperative

Symptoms assessed were-

I) Subjective Parameters

- Kasa (cough)
- Jwara (pyrexia)
- Atisara(Diarrhoea)
- Raktasthivan(haemoptesls)
- Shwash(Dysponea)
- Ansa Parshvashula
- Kaphaj Vaman
- Shirshula (Headache)
- swarbhed(Hoarsrless)
- Aruchi(Loss of appetite)

II) Objective Parameters

- 1) Body weight in Kg- It was taken at every follow up visit.
- 2) Sputum for AFB- It was done visit I", visit 3rd, visit 5
- 3) Hb- It was done visit 1", visit 3rd, visit 5.
- 4) ESR- It was done visit 1", visit 3rd, visit 5
- 5) X-Ray chest- X-ray chest was recorded before and after treatment

Observation :

All the patients under the treatment were observed and the development& with regards to signs & symptoms has been compared, assessed & recorded.

Overall Percentage of Relief

Symptoms	% Relief	
	Group-A	Group-B
Kaas	73.3	88.7
Jwar	51.8	48.1
Ansparshawshool	80.0	90.3
Shwas	79.5	90.4
Shirshool	72.1	83.6
Raktshteevan	82.4	92.5
Swarbhed	64.6	82.8
Anastaap	78.1	76.9

Overall Effect

No. of symptoms	Group-A	Group-B
No change (<25 %)	-	-
Mild change (25 % - 49.9%)	-	2
Moderate change (50% -74.9%)	4	-
Good change (75% +)	7	9

Conclusion :

Treating patients of pulmonary tuberculosis cat-1 regimen along with Ashwagandha ksheerpak shows:

- i) Significant reduction in overall symptoms of pulmonary tuberculosis because of its immunomodulatory and anti inflammatory response
- ii) Good tolerance of anti koch's drugs observed.
- iii) Ashwagandha kheerpak being antioxidant and rejuvenating lead to weight gain.
- iv) As it is hepatoprotective, reduction in side effects of antitubercular drugs such as Rifampicin, Isoniazid and Pyrazinamide, hence no darranged LFT's observed.
- v) Sputum negativity in most of the patients (92% of trial group) observed, hence it is highly significant in treating pulmonary tuberculosis cat-1 regimen.

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