

Effect of Kantakari Ghrita Matra Basti in The Treatment of Vataj Kasa**Dr.Ranjana Chandrakant Rao Jadhav**M.D. (Ayu), Panchakarma Consultant,
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ranjanajadhav21@gmail.com**Dr.Saniya Yusufkhan Pathan**M.D. (Ayu), RMO,
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syathan1991@gmail.com**Abstract**

In Ayurved, for well being of the patients, several diseases have been described along with simple and various remedies. Kasa vyadhi somewhat troublesome, found in all the stages of life, which disturbs the patient physically, mentally and socially. Since ages Ayurveda is well known for its maulik siddhantas & the miraculous clinical efficacy enriched by specified procedures like Panchakarmas. The combination of Bhaishajya kalpanas which are invented by acharyas and followers, with the ancient traditional healing system of Ayurveda was the golden opportunity for vaidyas and acharyas to treat the patients in the World. Use of dravyas like Ghritas, tailas, avalehas along with some herbs with proper samskaras with a least quantity for faster and accurate results is a specialty of Ayurveda since ages.

In Ayurvedic texts, several preparations are mentioned under the title of Kasa. Since Samhita kala, Ayurved was enriched with the herbomineral, especially Siddha ghrita preparations which were proved to be magnificent on various aspects like faster and better results, higher efficacy in user's friendly dosage forms, that leads to convenience in administration, and more shelf life. Kasa is specified in 5 types & characterized by type of kasan. There are many types of kalpas which act on Kasa, described in different texts. Vasavleha kantakaryavaleha are herbal preparations which may help to control Vataj Kasa all over. Both drugs could be a suitable remedy for Vataj kasa due to their ability of samprapti vighatana of Vataj Kasa.

Aims and Objectives

► To observe the efficacy of Kantakari ghrita matra basti on vataj kasa.

Materials and Methods**Kantakari Ghrita Matra Basti**

It was prepared by making kantakari swaras siddha ghrita. And matra basti was prepared of 60ml dose.

This was a prospective, pilot study involving patients with symptoms of Vataj kas. Patients were given according treatment of Kantakari Ghrita Matra Basti. Study was carried out at Hospital and OPD. Study period was 7 days. The duration of administration of Kantakari Ghrita Matra Basti was 7 days for each patient.

Inclusion criteria

1. Patients diagnosed as Vataj kas Patients between age 21 to 60 years
2. Patients who are not taking any other medicines

Exclusion criteria

1. Patients below 21 and above 60 years
2. Patients taking medicines for other problems like asthma.
3. Patients having symptoms related to chronicity.
4. patients having other infections like pneumonia etc were excluded.
5. Patients having any other treatment.

Study Procedure

Each patient was given matra basti 60 ml of Kantakari Ghrita for 7 days

Analysis and Assessments

As it was a pilot and low sample study that means less than 30 patients were involved, percentage and graphical analysis was done instead of parametric tests and summarized in tabular form.

Assessment Criteria

It was as follows

Ura shoola-

Absent

Mild - During kasa veg

Moderate- During kasa veg and persists for some time even after kasa veg

Severe - Continuous

Shira shoola-

Absent

Mild - During kasa veg

Moderate - During kasa veg and persists for some time even after kasa veg

Severe - Continuous

Udar shoola

Absent

Mild - During kasa veg

Moderate- During kasa veg and persists for some time even after kasa veg

Severe - Continuous

Swar Bhed -

Absent

Mild - During kasa veg

Moderate -During kasa veg and persists for some time even after kasa veg

Severe - Continuous

Swara ksheenata-

Mild- After kasa veg and relieved by intake of water/liquids

Moderate- After kasa veg and not relieved by intake of Water/liquids

Severe - Continuous

Mukha shushkata-

Mild- Persists during kasa veg

Moderate - Persists even after kasa veg but relieved by Intake of water/liquids

Severe -Not relieved by intake of water/liquids

Shushka kasan -

Mild- Precipitates with continuous speaking and relieved by intake of water/liquids

Moderate - Precipitates even without speaking but relieved by intake of water

Severe - Continuous and not relieved even after Taking water/liquids

Vega prasaktata-

Mild < 1 minute

Moderate - 1 minute to 3 minutes

Severe - Wide duration, > 3 minutes

Kantha Kshobha-

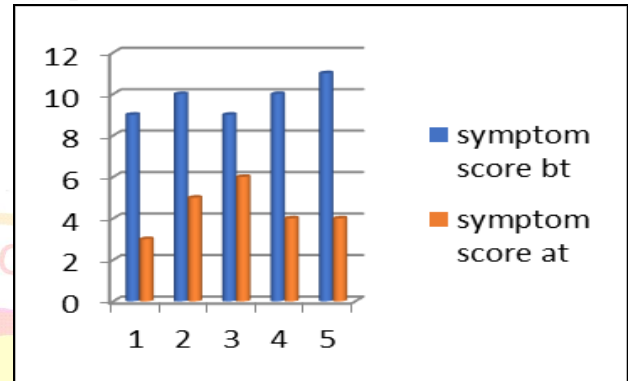
Mild - Pain & irritation during kasa veg

Moderate- Pain & irritation persists for sometime even after kasa veg and relieved itself

Severe - Continuous pain and irritation

Results and Discussion

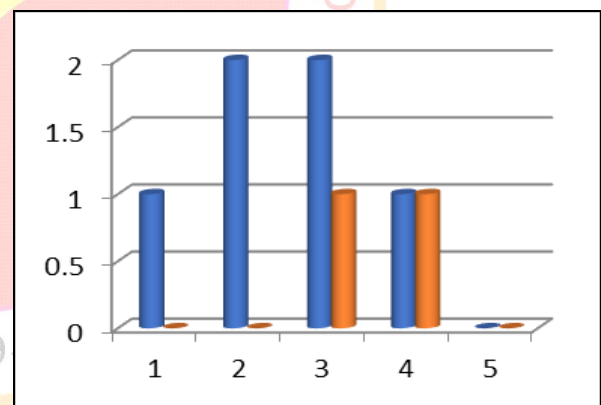
Symptom Score



About 8 patients were screened from which 5 patients were selected to study. The period of treatment was 6 weeks.

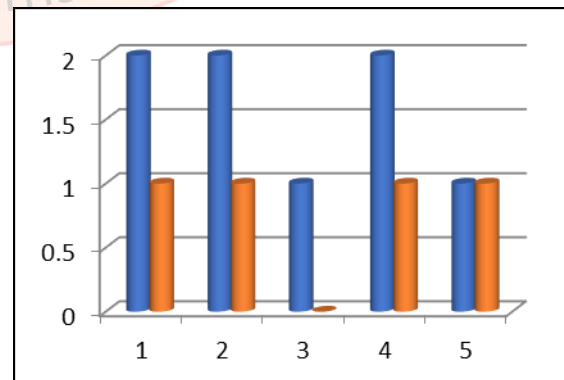
Ura shoal

BT and AT

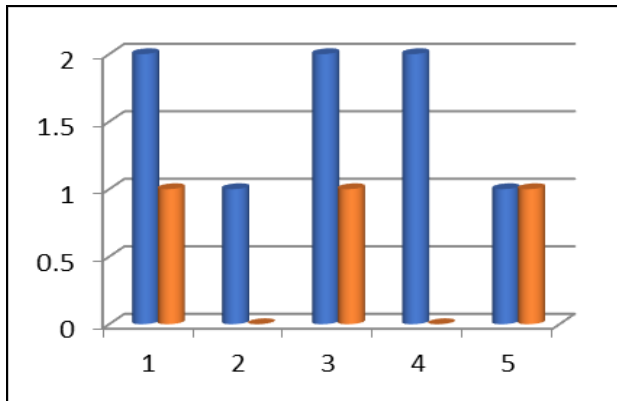


Kantha kshobha

BT and AT



**Vega prasaktata
BT and AT**



General Parameters-

The distribution of patients by age reveals the occurrence of the disease can take place at any age.

1. The sex did not reveal any specific relation with the disease occurrence.
2. The distribution of the patients by occupation revealed that patients which were in service were likely to be more suffered from Vataj Kasa.
3. Maximum affected number showed Vishamagni and Mandagni indicating that occurrence of the disease was more in patients having Vishamagni and Mandagni..
4. Kroor koshti children revealed more incidence might be due to tendency of Agnivaishmya.
5. Alpa Bala and Madhyamabala patients were affected mainly due to the lowered Vyadhipratyanikattva in those.
6. This is again not giving any specific result and relevance of disease in any particular Prakriti though incidence was more in Vatapradhan Prakriti.
7. Patients having Ruksha, Kashaya aahar, raja, doom sevan, were found more prone to Vataj Kasa.

Signs and Symptoms –

1. **Ura shoola** was observed to reduce with markedly significant value after treatment due to tendency of the drug by acting Katu Rasa and Ushna Guna which is more effective in Shoola prashamana.

2. **Shira Shoola** was again observed to reduce significantly after treatment since Kantakari being Ushna Veerya act as Vatanulomaka and Shoola har.
3. **Udar Shoola** is again reduced with high significance but not relieved completely after treatment. Kantakari ghritha has Deepana, Pachana, Laghu, Ushna, Sara properties.
4. **Swarbheda** is reduced significantly but not relieved completely since it has vatashamak property.
5. **Mukha Shushkata** is reduced significantly but not relieved completely after treatment. Snigdha Guna of Ghritha showed better result.
6. **Shushka Kasa** which is a cardinal symptom of Vataj Kasa is magnificently reduced after treatment.
7. **Vega Prasaktata** was again magnificently reduced but not completely.
8. **Kantha Kshobha** was seen to get reduced after treatment due to Ushna, Snigdha, and Sara Guna, Kantakari Siddha Ghritha played important role on irritation which was mainly caused by Ruksha, Sheet Guna and Pratilomita Vata.
9. **Relief by Shtheevana** which was Upashayanupashayatmak symptom of Vataj Kasa showed magnificent improvement after treatment.
10. **Relief by Snigdha, Amla, Lavana and Ushna Aahar** which was again Upashayanupashayatmak symptom of Vataj Kasa gave better Upashayatmak response after treatment.

Laboratorial And Radiological Evaluation-

1. The Haemoglobin per cent did not alter significantly.
2. The ESR is significantly reduced due infection was recovered.
3. The RBC count did not alter with significance in the cases but it could be improved if drugs were given for long duration since they would act by Tikta, Laghu, Ushna Gunas.
4. TLC counts was significantly reduced after treatment since the infection was recovered.

5. Polymorphs were increased significantly after treatment due to markedly decrease in Eosinophil count.
6. The Lymphocyte count was somewhat increased due to relative decrease in Eosinophil count
7. The Eosinophil count was magnificently decreased in both the groups since Tropical (Pulmonary) Eosinophilia can be considered under Vataj Kasa.
8. Monocytes did not reveal significant change in counts before and after treatment.
9. Basophiles counts were not observed to change significantly again due to freshly diagnosed cases.
10. X-Ray Chest P/A view were done in required patients which showed better improvement after treatment.

Outstanding Output -

1. The clinical study reveals some magnificent facts that Pulmonary Eosinophilia can be taken under Vataj Kasa and both the drugs are also effective on Pulmonary eosinophilia. Also, can be used as an alternative in many resistant cases with minimal adverse drug reactions.
2. These drugs have given better efficacy in most other symptoms.
3. Drug and Basti did not cause any ADRs in patients.

Presented work was carried out with institutional research criteria and was undertaken with some specified aspects only with many of the unavoidable limitations. This work could be studied with different aspects of various types of Kasa and Respiratory Tract Infections to get a definitive solution against much of these unanswered questions.

Also, research projects should be carried out with Ayurvedic Scholars taking these drugs as a future line of treatment in various Pranavaha Srotas Vyadhi and Respiratory Tract Infections in areas where the incidence of the disease is much more, and should come out with some useful outputs for the society.

Similarly, lots of preparations are mentioned in various Ayurvedic texts for Kasa. Many of the formulations are in use. These formulations can be

studied on above mentioned parameters rigorously and vigorously to take them globally

Results And Conclusion:

The experiment clearly concludes that Kantakari Ghrita Matra Basti could be a remedy for Vataj Kasa and may be for Kshataj and Kshayaj Kasa as said in texts without causing any Adverse Drug Reactions and may prove itself as a strong solution for unanswered infections.

It also indicates that drug could be remedy for pulmonary Eosinophilia as this can be considered under Vataj Kasa.

Being herbal preparation it can be used for long duration for the treatment of Chronic Respiratory Tract Infections since there was no Toxicity and Adverse Drug Reactions.

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