



CLINICAL STUDY OF USHNAWATA WITH SPECIAL REFERENCE TO CHARAKOKTA BASTI MARMA GAT VYADHI BY USING CHANDANA AND TANDULODAKA.

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ABSTRACT

Acharya Charak was an ayurvedic physician. His point of view to analyses any disease clinically and not surgically. Those made him describe only the trios of 107 marma which are – Shira(head), Hridaya(Heart) and Basti(Urinary tract)1 . The problems of urinary system are increasing day by day and have become burning problem regarding the health of society. In order to achieve this aim the Study has been carried out. The disease Ushnawata (Urinary tract infection) is the common disease observed in day today's life. So the clinical trial of chandana churna and tandulodaka for ushnawata had been done with control drug Renalka syrup

KEYWORDS : Basti marma ,Ushnawata, Chandana churna with tandulodaka.

INTRODUCTION

Charak, eminent Ayurvedic research scholar was the first to give this science, its moral form. Especially the Chikitsa sthana is the cargo of different basic principles. Here, such principles in it represent a science with the different views of etiologies, pathologies, and treatment. Thus if these principles of treatment are not followed, the failures come parallel to the success.

The concept of marma is one of such imperative and unique principle of Ayurveda. Acharya Charak was an Ayurvedic physician. His point of view to analyses any diseases clinically and not surgically. Those made him describe only the trios out of 107 marmas. So being a clinician he was well concerned to the trauma caused by internal vitiated Tri Doshas. The Trimarmeya adhyayas are the special attributes to marma chikitsa. To a more or less extent they represent emergency aspect of Ayurvedic treatment.

Out of the 107 marmas of a human body, Ayurveda advises to act promptly for the maintaining the health of the trio: Shira, Hridaya & Basti. These are the basic authoritative organs representing the three different systems of the body viz.- nervous system, cardio-vascular system, Urinary system.

The Problems of urinary system are increasing day by day and have become a burning problem regarding the health of society. In order to achieve this aim the study has been carried out just in two sections, the conceptual part comprises the literary research on basti marma gat vyadhi (diseases related to basti marma) described by Acharya Charak. To give practical work on Ushnawata is undertaken with Chandana Churna and Tandulodaka.

Aim

To study the effect of Chandana churna with Tandulodaka in management of Ushnawata.

Objectives –

1. To study the conceptual aspect of basti marma in trimarma.
2. To study the conceptual, clinical and applied aspect of basti marma in the management of basti marma gat vyadhi.
3. To evaluate the effect of chandana and tandulodaka in the management of Ushnawata.

Review Of Literature

Basti is one amongst the sadyopranahara marma (immediate death caused by injury to this marma)² Acharya Charak has given importance to Basti in this Trimarmiya Chapter where he said that the Prana(saul) is situated in the Hridaya(heart), Shira(Head) and Basti (Bladder). So therefore one has to protect them from any kind of injury. The Basti is one amongst the eight structures to be protected during the Ashmari operative procedure. It is explained as follows – except when the wound is made for the removal of the stone, the injury to the urinary bladder is not likely to lead to the survival of the patient. The patient with calculi, whose bladder has torn, would never get well.³

Thus the basti marma should be taken care during the abdominal surgery and also while treating the diseases related to the Basti. As Acharya Charak has more clinical foresight, he presents the clinical features of the basti marma. In the Trimarmiya adhyaya a major difference is found in the description of the diseases related to the basti marma. The Trimarmiya chikitsit Adhyaya is related to the descriptions of four types of mutrachurchha and types of Ashmari diseases of basti marma, while in trimarmiya sidhi adhyaya the 13 types of mutraghata are described. Thus major difference can be noted as Trimarmiya chikitsit adhyaya is describing more of functional anomalies of the urinary tract while Trimarmiya sidhi adhyaya describe more of anatomical anomalies of the urinary tract. Ushnawata is a disease of basti marma that involve both the anomalies though more being functional anomaly. Acharya Charak has included ushnawata under the 13 types of bastirogas⁴

Review of Disease

The word Ushna that is derived from the Ush which means burning. Chakrapani has mentioned that the word Ushna stand for Pitta in the word Ushnawata. Ushnawata is a type of Basti disease in which the pitta dosha is vitiated with its Ushna guna and it is taken to basti by vitiated vata dosha⁵

Causative factor of Ushnawata-

According to Bhrughat Trayi the following causative factors are responsible for Ushnawata -excessive exercise Spicy food, carry too heavy weight, excessive exposure to sun light, suppression of the urge of maturation, emaciated person, Trauma to urinary passage⁶

Criteria Of Assessment –The classical sign symptoms of Ushnawata⁷ are as follow-

Ushna mutra-Burning maturation
Basti-upastha gat daha- burning sensation in lower abdomen and penis
Raktpitakam- Urine discoloration
Kruchha mutra- Decrease urine frequency

In this study the Urine pH was taken as objective parameter as urine became concentrated due to pitta and vata, so the patients's urine became more acidic.

Drug Review-

Acharya Chakradatta has explained that the Chandan and tandulodaka can be used in Ushnawata treatment⁷. So in the present study the Chandana was administered in churna form with Tandulodaka which is in liquid form. Tandulodaka was prepared with broken rice (Hastakandit tandula) and water. 1 part of broken rice kept vfor 5-6 hours with 8 timw of water, then the mixture filtered which is called as Tandulodaka.⁸

MATERIAL AND METHOD-

Selection of patients –

65 Diagnosed patients with Ushnawata were randomly selected for the clinical study. They were divided into two group as follow-

Trial Drug (Chandan Churna and Tandulodaka)-34 Patients
Control Drug(Renalka syrup of Himalaya Company)- 31 Patients

Table No.-1 Details Of Drugs

Details	Group A-	Group B-
Drug	Trial Drug (Chandan Churna and Tandulodaka)	Control Drug(Renalka syrup of Himalaya Company)- 31 Patients
Dose	Rakta Chandan Churna- 10mg/day Tandulodaka- 40ml/day	20ml/day
Time of Drug administration	Apana (before meal)	Apana (before meal)
Anupana	Sharkara	Water
Duration	12 days	12days
Route	Oral	oral
No. of Patients	34	31
Drop out	4	1

Observation Period – Clinical response was assessed on 4th 8th 12th day

Assessment Criteria

Detailed Proforma was prepared for the assessment of effect of the treatment in both groups by grading subjective and objective parameters.

Table – 2- Grades Of Assessment Criteria

Grade	Ushna mutra	Basti-Upastha gat daha	Rakta-pitakam	vega	Urine pH
0	No burning during micturation	No Daha	Pale yellowish	6-8 times /day	>7
1	At the beginning of micturation	Often mild daha	Dark Yellowish	5-6 time /day	7-6
2	at the beginning and end of micturation	Moderate daha	Turbid	3-4 times /day	6-5
3	Continuous sensation of burning during micturation	Intolerable Daha	Reddish	1-2 times/day	<4

Relief – Grade 3 and Grade 2 form of sign or symptom in patient was change to Grade 1 or Grade 0 form.

No relief – The patients who were not followed above criteria came under no relief.

RESULT

Table No.3

1.The Average Effect Of Treatment On Basti-upastha Daha-

Effect	Control	Trial	Total
Cured	14	27	41
Not cured	16	3	19
Total	30	30	60

The calculated test statistic Chi-square with 1 degree of freedom=13.17 and P value=0.00

Since p value =0.00<0.05, the level of significance, there is strong evidence to reject the null hypothesis.

Conclusion – The average effect of treatment on Basti- upastha daha is significant.

Table No.4

2.the Average Effect Of Treatment On Ushna Mutra

Effect	Control	Trial	Total
Cured	18	25	43
Not cured	12	5	17
Total	30	30	60

The calculated test statistic Chi-square with 1 degree of freedom=4.022 and P value=0.045

Since p value =0.045<0.05, the level of significance, there is strong evidence to reject the null hypothesis.

Conclusion – The average effect of treatment on Ushna mutra is significant.

Table No.5

3. The Average Effect Of Treatment On Rakta-pitakam

Effect	Control	Trial	Total
Cured	29	30	59
Not cured	1	0	1
Total	30	30	60

The calculated test statistic Chi-square with 1 degree of freedom=1.017 and P value=0.313

Since p value =0.045<0.05, the level of significance, there is strong evidence to reject the null hypothesis.

Conclusion – The average effect of treatment on Rakta-pitakam is significant.

Table No.6

4. The Average Effect Of Treatment On Mutra Vega

Effect	Control	Trial	Total
Cured	20	24	44
Not cured	10	6	16
Total	30	30	60

The calculated test statistic Chi-square with 1 degree of freedom=1.364 and P value=0.243

Since p value =0.243<0.05, the level of significance, there is strong evidence to reject the null hypothesis.

Conclusion – The average effect of treatment on mutra vega is significant.

Table No.7

5. The Average Effect Of Treatment On Urine pH

Effect	Control	Trial	Total
Cured	15	13	32
Not cured	15	17	28
Total	30	30	60

The calculated test statistic Chi-square with 1 degree of freedom=0.170 and P value=0.680

Since p value =0.680>0.05, the level of significance, there is no evidence to reject the null hypothesis.

Conclusion – The average effect of treatment on Urine pH is not significant.

Table No. 8

6. To Decide Whether The Total Effect Of Treatment –

Effect	Control	Trial	Total
Cured	12	18	30
Not cured	18	12	30
Total	30	30	60

The calculated test statistic Chi-square with 1 degree of freedom=2.4 and P value=0.121

Since p value =0.121>0.05, the level of significance, there is no strong evidence to reject the null hypothesis.

Conclusion – The average total effect of treatment on Ushnawata is not significant.

DISCUSSION-

In this study to evaluate a practical approach to the bastimarma gata vyadhi, applied study was designed with the basti marma gata vyadhi Ushnawata. It was decided to evaluate the effect of Chandana Churna with Tandulodaka, which is referred in the same diseases by Acharya

Chakradatta for its practical evaluation.

Apparent difference of improvement in Basti- upasthagat daha was observed in trail drug and control drug by CHI square test is statistically significant. While Ushnamutra, rakta pitakam, Mutra vega and Urine pH were observed by CHI square test are statistically non-significant. So from the obtained data it may be inferred that the treatment schedule of trial drug and control drug are same effective in ushnamutra, rakta-pitakam, mutravega and urine pH. In the symptom basti-upasthagat daha trail drug is better than control drug.

Overall Effect Of Therapy –

In trial Group (Rakta chandana churna and tandulodaka) 18 patients were cured, 12 Patients were uncured. In control group (Renalka syrup) 12 patients were cured, 18 patients were uncured.

In the concluding remarks the result clearly shows that rakta chandana churna and tandulodaka was effective in managing the disease as compared to the Renalka syrup

CONCLUSION

In the discussion part of this study , the work is discussed on the basis of concepts , supported by data and logical reasoning. The conclusions obtained from the scientific discussion are being presented.

-The concept of marma has surgical importance but Acharya Charak has mentioned clinical importance of these marma trio, also as they become medical emergency being injured by external trauma or internal trauma by vitiated tridosha. Ushnawata is a disease of basti marma which is commonly observed in clinical practice.

In Ushnawata vitiated Vata and pitta doshas are going to be affect basti marma to form functional and anatomical deformity. Evaluation of the disease was carried out under the symptoms ushnamutra, basti upasthagat daha, Rakta pitakam, mutravega and urine pH. Te effect of therapy on these symptoms in both the groups has shown at the end of treatment. Ushnawata was relived by 83.33% in trail group and by 70% in ontrol group . Both the groups have showed significant results in releasing the disease symptoms.

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