



**ROLE OF KARANJ TAIL MATRABASTI AND ARAGVADHKAMPILAK VATI IN
PURISHAJ KRUMI –A CASE STUDY**

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Article Received on 09/02/2019

Article Revised on 02/03/2019

Article Accepted on 23/03/2019

ABSTRACT

Krumi is a serious public health problem and is widely prevalent in areas of low environmental quality and people of low nutritional status. In India, the problem is likely to be more common because of bad hygiene, poor awareness, illiteracy, poverty and variety of allied factors. *Krumi* is an important disease described in ayurvedic science and is described in detail with respect to its etiology, clinical features and treatment. The term *krumi* is used to denote tiny organisms which reside in human body. Concept of *krumi* and their relation in the development of disease is described in almost all ayurvedic samhita. Acharyas also describe *krumi* as an etiological factor in various diseases. A 10year old male child, having complaints of abdominal pain, loose motions, vomiting, perianal itching associated with worms in stool was treated with *karanj tail matrabasti* and *aragvadhkampilak vati* with *rajani churna* and changes were noted in abdomen pain, perianal itching, loose motions and general appearance of the patient. The details of the findings are presented in this study report.

KEYWORDS: *Krumi*, Intestinal worm infestation, *karanj tail matrabasti*, *aragvadhkampilak vati*, *rajani churna*.

INTRODUCTION

Helminthic infestations contributes to significant disease burden in children particularly in the under privileged and in developing countries^[1], of which *Ascaris lumbricoides* is the common one which affects 1/4th to 1/3rd of world's population. Children because of their habits directly or indirectly consume soil/mud and are commonly more heavily affected than adults. Intestinal worm infestation results in impaired nutrition. Many people neglect this condition as most of the times it may be asymptomatic. It may be associated with malnutrition, iron deficiency anaemia, repeated gastrointestinal disturbances and upper respiratory tract infection. So proper screening is needed. This condition should be taken seriously because *Ascaris* infection contributes significantly to the burden of abdominal surgical emergencies.^[2] *Krumi* (worms) possess ability to breed in human intestine with the help of food and blood. The *Krumi* are of various types on the basis of their origin; *Kaphaj Krimi*, *Raktaj krimi* & *Pureeshaj Krimi*. *Nidana* of *Krumi Roga* mainly involve *Ahara Sambandi Nidana* and *Vihara Sambandi Nidana*.^[3-6] *Ahara Sambandi Nidana* includes consumption of foods that leads to *Kapha Utkleshan* like; *jaggery*, *sesamum*, meat, unctuous, sweet & cold materials etc. *Vihara Sambandi Nidana* involves; *Divaswapna*, *Asana*, *Avyayama* & disturbed life style patterns.^[7-8] *Jwara*, *Vivarnata*, *Shoola*, *Hridroga*, *Bhrama*, *Bhaktadwasha*, *Atisara*,

Sadana, *Chardi* and *Swasa* are the main *Krimi Lakshana* (symptoms manifested in worm infections). The poor socioeconomic conditions, lack of personal hygiene, agricultural factors, lack of awareness and *apathya ahara-vihara* are the main causative factors of *Pureeshaja Krumi* infection. Ayurveda describes use of contemporary medicine along with preventive measures as a treatment protocol for the management of *Pureeshaja Krumi* infection. The *shodhana* therapy (purification methods) along with extraction procedure may also help in the management of *Pureeshaja Krimi* infection^[9]. According to *Acharya Charak*, each *krumi* have their own specific habitat. *Bahya krumi* are usually found on the external part of the body such as hair, over the scalp and body, beard, eyelashes or clothes. *Raktaja krumi* dwells in the vessels carrying blood. *Shleshmaja krumi* usually resides in *amashaya* and they have a tendency to move upward or downward along the intestinal tract. *Purishaja Krumi* are seen in *pakawashaya* which usually migrates downward towards the rectum and anus. In rare Occasions they may travel towards the stomach resulting in fecal smelled belching and breathing.^[9]

- *Dosha* – *kapha* predominant *tridosha*,
- *Dushya* – *rasa*, *rakta*,
- *Srotas* – *Mahasrotasa*, *purishvaha srotas*, *raktavaha srotas*

- *Adhithana – Pakwashaya.*

According to *Acharya Sushrut* the vitiation of *kapha* and *pitta dosha* by any of the *hetu* of *krumiroga*, results in the production of *krumi*. Most of the factors described in the etiology of *krumiroga* leads to *agnimandya* and *ama uthpatti* which works as the principle factor in the process of *samprapti* and leads to the production of *krumi*.^[10]

Rupa of purishja krumiroga- *vidbheda, udarshoola, chardi, parushata, gudkandu, bhaktdvesha.*

Chikitsa

- *Apakarshana Chikitsa*
- *Prakruti Vighata Chikitsa*
- *Nidana Parivarjana Chikitsa*

Apakarshana Chikitsa

Extraction of the *Krimi* by following methods:

1. *Hasta / Yantra* (manual extraction): *Krumi* can be extracted manually using *Yantras* like; *sandamsha* etc.
2. *Bheshaja Apakarshana* (therapeutic extraction): This method involves the use of *Shodhana therapies* alone or along with extraction procedure to cause forceful extraction of *Krumi*. These *Shodhana therapies* may involve *Virechana, Asthapana basti & ShiroVirechana.*

Prakruti Vighata: It refers to creating an unfavourable environment or a medium which is exactly opposite to the habitat of the infested region (intestinal lumen).

Nidana Parivarjana: Along with the termination of worms and therapeutic administration, avoidance of causative factors has also been emphasized in *Ayurveda.*

Potent anti-helminthic drugs are available in the market, which has the risk of producing gastro-intestinal disturbances, nausea and vomiting.^[11] There are limitations in the contemporary science to provide a comprehensive management for *krumi* without any side effects. Many *ayurvedic* anti-helminthic formulations mentioned in the classics are easily available and easy to

administrate. Hence in this present case *Apakarshan* method is used for the study.

Case discussion

A 10 year old male patient was apparently healthy before 1 year, he gradually developed *Gudkandu udarshoola, chardi, vidbheda, parushta, bhaktdvesha.*

Past history

Same complaints present since 1 year
Recurrent upper respiratory tract infection
Failure to thrive
No H/O any major illness
No H/O any drug allergy or any previous surgery

On examination

Udarshoola+
Chardi 2-3 vega/day
Drava malapravruti 5-7 vega/day with *krumi*
Gudkandu++
Bhaktdvesha
Patches on the face and hands
RS-clear
CVS-NAD
P/A-pain over umbilical region, L₀S₀K₀
No signs of dehydration
Urine –Normal
Stool-*dravamal* with *krumi*

Anal examination- mild redness over anal region
-kandu⁺⁺

Diet history-

Non –veg diet 2-3 times/week
Diet includes Bakery products, cake, etc.

Past treatment history

T/t taken from private hospital Albendazole, Oflomac-m, for 2-3 times in last 6 month.

Type of study: A case study

MATERIAL AND METHODS

Karanj taila, aragvadhkampilak vati and rajani churna available in market.

Criteria for assessment.

Sr. no.	symptoms	Gradation		
		0	1	2
1	<i>Vidbheda(dravamalpravrutti)</i>	Normal stool	3-5 stool/day	5-7Stool/day
2	<i>Udarshoola(pain in abdomen)</i>	Absent	present	
3	<i>Gudkandu(perianal itching)</i>	Absent	<i>Kandu⁺</i>	<i>Kandu⁺⁺</i>
4	<i>Parushta(patches on skin)</i>	Absent(normal skin)	Mild (on face)	Moderate (half of the body)
5	<i>Chardi(vomiting)</i>	Absent	3-5 vega/day	5-7 vega/day
6	<i>Bhaktdvesha(loss of appetite)</i>	Absent	present	

Pathya

- *Rasa – Tikta & Kashaaya.*
- *Dugdha – Ghrita & Dugdha.*

- *Drava – Tila Taila, Kaanjika, Tushodaka, Gomootra, Suraa & Sauveeraka.,madhu*
- *Phala – Apakva Kadalee, Pakva Taalaphala & Nimbuka Rasa.*

- *Kritaanna – Taambula, Aasthaapana Basti, Dhoopa, Abhyanaga & Kaphaghna*

Apathya

- *Rasa – Amla & Madhura*
- *Guna – Drava*
- *Maamsa – Maamsa*
- *Dugdha – Dugdha, Dadhi & Ghrita*
- *Phala – Badara*

DISCUSSION

In this present case on the basis of *nidana* and *lakshana* such as *vidbheda*, *gudkandu*, *chardi*, *bhaktdwesa*, *udarshoola* this case was diagnosed as a *purishaja krumi*. *Purishaja Krimi kaphapitta* predominant, resides in *pakwashaya* which usually migrate downward towards the rectum and anus, so *apkarshan* therapy was selected for the study. *Apkarshana* as name indicates it refers to the extraction of *krumi* by two different ways. one is *hasta/yantra* another way is *bheshaja apkarshana*. As *purishaja krumi kaphapitta* predominant, are in *pakwashaya* so *basti* and *virechana* therapy was selected

Observation of *matrabasti*

Day	Bastidravya matra	Pratayaman content
1	20ml	Oil+stool+worms4-5with abdominal pain
2	20ml	Oil+stool+worms4-5with abdominal pain
3	20ml	Oil+stool+worms2-3with abdominal pain
4	20ml	Oil+stool+worms 2-3with abdominal pain
5	20ml	Oil+stool+worms 1-2with abdominal pain
6	20ml	Oil+stool+worms 1-2with abdominal pain

Karanja has properties of *katu*, *tikta*, *kashaya*, *ushna veerya* and *krumighna* in nature. it relieves *kapha pitta dosha*, abdominal flatulence, and *krumi* from the *pakwashaya*.^[12]

Karanjin is the main active ingredient of the *karanj taila* and is insecticides.^[13] *karanja taila* through *matrabasti* directly acts on the *pakwashaya* and attacks on worms which kills or lost its consciousness and thrown out from the gut.

Karanja taila matrabasti helps to remove worms and declines the symptoms of *udarshoola*, *vidbheda*, *gudkandu*. In this present case study the course of *karanjtail matrabasti* five days completed. In spite of course total worms were not removed. So symptoms such as *gudkandu* and *udarshoola* persisted hence decided for *virechan* therapy for complete removal of worms.

Probable mode of action of *virechana*

This term is having the broad meaning of eliminating the *vitiated doshas*, but here it denotes the *vitiated Doshas* will be let out through gastro-intestinal tract by the effect of the drug ingested. This can be done by killing the parasite in the intestine or to anaesthetize the *Krumi* to

for study. In this present case study patient *bala, sukumar, mrudu kostha* and *kaphapitta* dominant hence decided to give *matrabasti* of *karanjtaila* and *aragvadhkampilakvati* with *rajani churna* for *virechana*.

Probable mode of action of *matrabasti* of *karanj taila*

This is a technique of eliminating the *Krumi* from large intestine. The decoction of drug or oil preparation (*Sneha*) etc. is introduced through anus with *Netra*. In this particular process the active principles in the medicine will directly reach the *Krumi* whereas in oral administration the drug has to under go the digestive phases, and hence becomes weak in directly attacking the organisms.

In *kaphapitta* dominant disease three or five number of *basti* required for removal of *dosha* from its *sthana*.[†] *karanj taila* has properties of *katu*, *tikta*, *ushna veerya*, and *krumighna* hence five *matrabasti* and according to patient *bala*, *agni* and *kostha* dose 20ml of *karanja taila* for *matrabasti* was decided.

move out by parasite movements. Most relevant and nearest mode of technique is *Virechana Karma* in intestinal worm infestation. The worm will die or lose its consciousness and thrown out from the gut.

This *Virechana Karma* keeps relation with worm infestation. *Krumi* seated at *Pachyamanashaya* or *Pakvashaya*, the method of *Apakarshana* is *Virechana*. The drug directly affects on the worm to die and it also stimulates the intestinal wall to promote movements, which results into purgation. *Pachyamanashaya* is the main site for acting *Virechana* drug. As patient was *bal, sukumar* hence decided for *mrudu virechana* therapy. Drugs for *mrudu virechana* mentioned in *Haritkaydivarga* such as *aragvadh, kampilak, rajani* by *bhavprakash* was selected. As per mention by *samhitas* next day *snehan, swedan* was done and *aragvadhkampilak vati* with *rajani churna* was given for *virechana*.

Observation during virechana

Day	Dravya matra	Pratyagaman content
1	Aragvadhkampilak vati 500mg+rajani churna 125mg	Loose stools with worms 4-5 with abdomen pain
2	Aragvadhkampilak vati 500mg+rajani churna 125mg	Loose stools with worms 4-5
3	Aragvadhkampilak vati 500mg+rajani churna 125mg	Loose stools with worms 2-3
4	Aragvadhkampilak vati 500mg+rajani churna 125mg	Loose stools with no worms
5	Aragvadhkampilak vati 500mg+rajani churna 125mg	Loose stools with no worms

Aragvadhha has properties of *guru*, *swadu*, and considered as the best among laxatives, It relieves abdominal spasm, and *kapha pitta doshas*. *Kampilak* has properties of *katu*, *ushna veerya*, *krumighna* and *mrudu rechak*, it relieves *kapha pitta dosha* and *udarshoola*. *Rajani* (*haridra*) is *katu*, *tikta*, and *ushna veerya*, It relieves *kapha pitta doshas*, skin diseases, *krumighna*, and *varnyakar*.

In this present case study *aragvadhkampilak vati* 500mg with *rajani churna* 125 mg was given to the patient, for 5 days. This mixture has properties of *katu*, *tikta*, *kashaya*, *ushna*, in potency, *mrudu rechak*, *krumighna* in nature

hence worms will die or lose its consciousness and thrown out from the gut, and relieves the symptoms of *udarshoola*, *gudkandu*, and *bhaktdweshha*.

Matrabasti of *karanj taila* and *aragvadhkampilakvati* with *rajani churna* breaks the *samprapti* of *krumiroga* by normalizing the *kapapitta dosha* and relieving *amothpatti* which helps to subside the symptoms of *udarshoola*, *chardi*, *vidbheda*, and *gudkandu*. *Haridra* has property of *krumighna* and *varnyakar*, which helps to relieve the symptoms of *parushta*, and *gudkandu*.

Observation of parameters during therapy

	parameters	Before treatment	Review after		Follow up after 10 days
			<i>Basti</i>	<i>Virechana</i>	
1	<i>Vidbheda</i>	5-7 stools /day	Normal stool	Normal stool	Normal stool
2	<i>Udarshoola</i>	Present	Present	Absent	Absent
3	<i>Gudkandu</i>	<i>Kandu++</i>	<i>Kandu+</i>	Absent	Absent
4	<i>Parushta</i>	Moderate	Moderate	Moderate	Mild
5	<i>Chardi</i>	3-5 vega/day	Absent	Absent	Absent
6	<i>Bhaktdweshha</i>	Present	Absent	Absent	Absent

CONCLUSION

This study suggested that, *karanj taila matrabasti* and *aragvadhkampilak vati* with *rajani churna* showed significant result after treatment in *vidbheda*, *udarshoola*, *chardi*, *gudkandu*, *bhaktdweshha*, and *parushta* and efficacy of the treatment was highly significant even during follow up.

In this case study patient completed the full course of treatment without any adverse reaction to drug and therapy. Hence, it can be suggested that *Karanj taila for matrabasti* and *Aragvadhkampilak vati* with *Rajni churna* for *virechana* can be used in patients suffering from *purishaja krumi*.

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