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MANAGEMENT OF PUREESHAJA KRIMI WITH SPECIAL REFERENCE TO GANDUPADA KRIMI (ASCARIS LUMBRICOIDES) – A CLINICAL STUDY

SAVITA HIREMATH¹, SIDDAYYA ARADHYAMATH², SUNIL K S³

¹ ASSISTANT PROFESSOR, DEPT OF KAYACHIKITSA, ² READER, DEPT OF SHALYA TANTRA, ³ ASSISTANT PROFESSOR, DEPT OF SHALYA TANTRA, JSS AYURVEDA MEDICAL COLLEGE, MYSURU, INDIA

ABSTRACT:

Background: Gandupada krimi is a type of Pureeshaja krimi simulates to that of Ascaris lumbricoides, which is a Agantuja type of vyadhi. Ascaris lumbricoides one of the member of the Big Group called Nematodes affects nearly 1.5 billion annually worldwide 73% of population in Southeast Asia. 1.5 million Children will suffer from Ascaris. Ascaris lumbricoides is prevalent in areas where sanitation is poor and human faces are used as fertilizer. Ascaris is the largest roundworm. Though it seems to be simple entity, sometimes it is fatal to the human beings with an estimated global annual mortality is 60,000 i.e. 0.004%. The complications are multi systemic and it starts from the skin up to CNS. It is not only dangerous because of complication, it is also an endemic disease heavily contaminated by its eggs. Pureeshaja krimi is conceptualized under Ayurvedic principles and managed effectively by adopting vireechana and shamana chikitsa.

Aim: The present study was carried out to evaluate the combined effect of Virechana and Saavitra vataka in the management of Pureeshaja krimi.

Materials and Methods: Patients of either sex diagnosed as Gandupada Krimi (Ascaris lumbricoides) were selected and were registered and treated as in patients and out patients with the help of case sheet proforma prepared for the study. These 20 patients were assigned into single group. Ama pachana by Panchakola churna at the dose of 3 gms thrice daily with ushnodaka as anupana before food until the appearance of nirama lakshanas. After amapachana snehapana with Vidanga ghrita was administered in arohana krama still snigdha lakshana were seen. Abynga with Bala taila which was followed by Nadi sweda for three days during vishrama kala. Vireechana with Trivrit lehya was administered with ushnodaka. The dose was decided depending upon Kosta. Samsarjana krama was done based on the type of shuddi. Saavitra Vataka 3 gms with ushnodaka trice daily before food for 15 days after vireechana.

Result: Clinical study has proven that highly significant results i.e. ($P < 0.001$) Analysis of the results revealed 5(25%) patients got complete improvement, 9(45%) patients got marked improvement, 4(20%) got moderate improvement and 2(10%) got mild improvement.

Conclusion: The combined effect of the vireechana followed by Saavitra vataka internally yielded statistically significant results in reduction of the signs and symptoms of the Gandupada krimi. The study revealed effectiveness of shodana and shamana therapies which are prime therapies in Pureeshaja krimi prakarana holds good for Ascaris lumbricoides too.

KEYWORDS: Ascaris lumbricoides, Gandupada krimi, Krimi, Pureeshaja krimi.

CORRESPONDENT:
DR.SAVITA HIREMATH
 ASSISTANT PROFESSOR,
 DEPT OF KAYACHIKITSA
 JSS AYURVEDA MEDICAL
 COLLEGE, MYSURU, INDIA

Among many disorders explained in the classics by various *Acharyas*, *Krimiroga* occupies a very prominent place, since the description about different kinds of *krimis* and also the unique methods of treatment. *Krimiroga* is a disease intimately related with *kostagni*, hence the symptoms of vitiated *agni* are noticed when a person is afflicted with *Krimi*. The fact that *Krimi* acts itself as an important causative factor. It was known to Ancient Medical Sages evidenced by the explanation regarding their Morphology, Habitat, etc. *Pureeshaja Krimi* is sub variety in the classification of *Abhyantara Krimi*¹. *Gandupada*² is an important member in that Family.

All features of *Gandupada Krimi* coincides with that of *Ascaris lumbricoides*, hence 20th century authors of Ayurveda, opines that *Gandupada Krimi* is nothing but *Ascaris lumbricoides*. That formed the basis of present study. *Ascaris lumbricoides* one of the member of the big group called Nematodes affects nearly 1.5 billion annually worldwide 73% of

population in Southeast Asia.³ 1.5 million Children will suffer from *Ascaris*.⁴

Though it seems to be simple entity, sometimes it is fatal to the human beings with an estimated global annual mortality is 60,000 i.e. 0.004%. The complications are multi systemic and it starts from the skin up to CNS⁵. It is not only dangerous because of complication, it is also an endemic disease heavily contaminated by its eggs. Therefore it is included in National health policy especially in school children health programme. Because Ascariasis is the main culprit which is responsible for the growth retardation of the children. Even after all these programmes complete eradication is not achieved because of poor sanitation, poverty and ignorance. *Acharya Charaka* has described a special threefold treatment viz, *Apakarshana*, *Prakrutivighatana* and *Nidana parivarjana*⁶ which was phenomenon itself at that era. Though we get good number of effective medicines in allied sciences. To establish the Ayurvedic line of treatment, the present study has been taken up.

REVIEW OF LITERATURE

In the present study *Pureeshaja krimi* (*Gandopada* is correlated to *Ascaris lumbricoides*). *Gandopada iva bhavati utpadyate iti* - The one which is like *Gandopada* is called *Gandopada krimi*. *Rakta Gandopadaa dheergha*. One which is red elongated and like

Gandoopada (earth worm). According to Acharya Pandita Gananath Sen and Yadavaji Trikamaji, “*Bhoonaga tulyatwat gandoopada etaadrushaha*” it indicates shape like earthworm. *Ascaris* – a genus of large heavy bodied round worms in the small intestine. Lumbricoid- denoting or resembling a round worm⁷. Charaka advocates three main steps of treatments for *Krimiroga* viz- *Apakarshana*, *Prakruti vighatana* and *Nidana parivarjana*. *Apakarshana* means to scratch the *doshas*, *mala* and *krimis* forcefully. It is the process by which these elements are removed or extracted from the body⁸. *Virechana* is one among the *Apakarshana*⁹. Hence selected in present study.

OBJECTIVES OF THE STUDY

To evaluate the combined effect of *Virechana* and *Saavitra vataka* in the management of *Pureeshaja krimi* with special reference to *Gandupada Krimi* (*Ascaris lumbricoides*).

MATERIAL AND METHODS

Source of Data: Patients of either sex diagnosed as *Gandupada Krimi* (*Ascaris lumbricoides*) were selected from OPD, IPD in Government Ayurvedic Medical College and Hospital, Mysore. The patients were registered and treated as in

patients and out patients with the help of case sheet proforma prepared for the study.

Sampling Method and Research Design

Patients diagnosed as *Gandupada Krimi* were selected incidentally from the OPD and IPD of GAMC and Hospital Mysore. The total number of cases selected for the study was twenty excluding the dropouts. These 20 patients were assigned into single group, an observational study.

INCLUSION CRITERIA

- Patients of either sex were selected.
- Patients aged between 16-60 years were selected.
- Patients with clinical signs and symptoms as documented in classics and confirmed by Microscopic Stool examination were selected.

EXCLUSION CRITERIA

- Patients with systemic disorders which interfere with the course of treatment were excluded.
- Patients unfit for *Virechana* were excluded.
- Patients other than *Gandupada Krimi* were excluded.

ETHICAL CLEARANCE AND CONCENT

The study was approved by the institutional ethical committee, and signed informed consent was obtained from all the patients.

DIAGNOSTIC CRITERIA

On the basis of signs and symptoms of *Gandupada Krimi* and confirmed by Microscopic Stool examination.

INTERVENTION

- *Ama pachana* by *Panchakola churna* at the dose of 3 gms thrice daily with *ushnodaka* as *anupana* before food until the appearance of *nirama lakshanas*.
- After *amapachana snehapana* with *Vidanga ghrita*¹⁰ was administered in *arohana krama* still *snigdha lakshana* were seen.
- *Abhynga* with *Bala taila* which was followed by *Nadi sweda* for three days during *vishrama kala*.
- *Virechana* with *Trivrit lehya* was administered with *ushnodaka*. The dose was decided depending upon *Kostha*.
- *Samsarjana krama* was done based on the type of *shuddi*.
- *Saavitra Vataka*¹¹ 3 gms with *ushnodaka* trice daily before food for 15 days after *virechana*.

ASSESSMENT CRITERIA

The assessment was done on the parameters like *Agnimandya*, *Udarashoola*, *Dravamala pravritti* and *Gudakandu* which were observed before starting the treatment, after *shodhana* and after the treatment. The following criteria were considered for the assessment of improvement;

ASSESSMENT GRADINGS

<i>Uadara shoola</i>	Grading
No <i>Udara shoola</i>	U ₀
Mild	U ₁
Moderate	U ₂
Severe	U ₃
<i>Agni sadana (appetite)</i>	Grading
No appetite	A ₀
Poor appetite	A ₁
Moderate appetite	A ₂
Good appetite	A ₃
<i>Drava mala pravritti</i>	Grading
No <i>Drava malapravritti</i>	D ₀
Mild (2-3 times/day)	D ₁
Moderate (3-5times/day)	D ₂
Severe (>5 times/day)	D ₃

<i>Guda kandu</i>	Grading	Initial assessment (before treatment)
No <i>Guda kandu</i>	G ₀	Second assessment (during treatment) - After <i>shodhana</i>
Mild	G ₁	Third assessment (after treatment) - After completion of 15 days of treatment.
Moderate	G ₂	The data collected before treatment, during and after treatment was statistically analyzed by using “Chi-Square” test and contingency coefficient test.
Severe	G ₃	

Assessment of the patients were made in the following intervals

RESULTS

The scores of *Udarashoola*, *Agnisadana*, *Gudakandu*, *Dravamala pravrutti* and presence of Ova in stool before, during and after the treatment were subjected for Contingency Coefficient test. Clinical study has proven that highly significant results i.e. (P< 0.001)

Analysis of the results revealed 5(25%) patients got complete improvement, 9(45%) patients got marked improvement, 4(20%) got moderate improvement and 2(10%) got mild improvement.

DISCUSSION

Panchakola churna used for *amapachana* in the study has already proven *deepana* and *pachana* drug. In this study *Vidanga ghrita* was used as *sneha dravya* for the purpose of *arohana snehapana*. As *ghrita* is said to be *shresta sneha dravya* among the *chathuh snehas* by virtue of its *Samsakarasya Anuvarthana guna* and it acts as *thridosha shamaka*. *Vidanga ghrita* contains mainly *vidanga* which is *shresta Krimihara* drug. Along with these drugs like *triphala* is *shresta anulomaka* which helps for the expulsion of the *krimi*. In total all the

drugs of *vidanga ghrita* possess *deepana*, *pachana*, *krimihara*, *vatanulomana* and *shoolahara* properties. *Trivrit lehya* is a *sukha vireechaka yoga*. It is economical, easily available and palatable. Moreover *vireechana* is main *chikitsa* in the treatment of *Pureeshaja krimi* as a part of *Apakarshana*.

The contents of the *Saavitra vataka*, are having *krimihara* property by which *Gandupada krimis* are destroyed and by the way of partially killing them or destroy them fully. Some of the drugs are having property of *anulomana*, through which the

killed material can be taken out of the gut easily. The first two types of drugs directly acts on *krimi* but the later *guna* goes more favour in preventing the disease by creating an environment which prohibits the further development of *krimi*. It is an important factor which by the virtue of its above action stops reappearance of *krimi* in future. Hence our *Acharyas* formulated the *Saavitra vataka* in such a way that by

adding *lohabhasma* and *khandasharkar* like nutrients successfully minimized the complications. To conclude *Saavitra vataka* is having *Apakarshana*, *Prakruti vighatana* and multicentric action in general and special action like *Krimihara* in particular.

CONCLUSION

The combined effect of the *vireechana* followed by *Saavitra vataka* internally yielded statistically significant results in reduction of the signs and symptoms of the *Gandupada krimi*. The study revealed effectiveness of *shodana* and *shamana* therapies which are prime therapies in *Pureeshaja krimi prakarana* holds good

for *Ascaris lumbricoides* too. Keeping in mind recurrence of the *Pureeshaja krimi* expulsion of the *krimi* reduces the chance of recurrence hence *shodana* is the therapy of choice in particular and *shamana* is a generalised form of treatment which not only concerned about *vyadhishamana* but takes care of *swasthya* of the *rogi*.

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