



## A STUDY ON AGASTHAYA HARITAKI RASAYANA IN IMPROVING THE NUTRITIONAL STATUS IN PATIENT OF RAJAYAKSHMA

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### INTRODUCTION

Any science would become stagnant without Research. The primary aim of Ayurveda is enabling a person to lead a disease free life to its fullest extent. With the dual intention of adding life to years, and years to life the unique Rasayana chikitsa is explained.

With a purpose of replenishing and nourishing of specific bodily elements various rasayana oushadhis are to be administered during various periods of life.

The benefits and applicability of rasayana is many fold. Starting with daily employable oushadhis, that which are used for curing a disease, and to achieve a desired effect like medhya, rasayana can be employed. They bring up the excellent qualities in dhatu when employed, and there by enhances immunity.

Agasthaya Haritaki rasayana is explained in Sharangadhara samhita as a Naimittika rasayana in kasa, Shwasa and Rajayakshma for getting vyadhiharana and urjaskara effect.

Among various diseases 'Rajayakshma' is considered to be the prime one as it impairs the individual at all levels. Due to the many associated constitutional disturbances, the nourishment of the body is greatly impaired and this aptly suits the synonyms of Kshaya concerned to this disease.

The nearest clinical entity for Rajayakshma is pulmonary tuberculosis. In India, each year, approx. 220,000 deaths are reported due to Tuberculosis. Tuberculosis is India's biggest health issue. With the prolonged course of illness, and potent chemotherapeutic agents employed, the person become grossly debilitated and needs adjuvant nutritional supports. Decreased nutritional status is considered to be one of the chief predisposing factors for the disease.

Modern nutritional supplementations may not fulfill the requirement, as they do not correct metabolic derangements. But rasayana oushadhis exert their

efficacy by correcting dhatvagni and clearing the Srotas due to deepana and pachana effects.

The modern AKT regimen has resulted in reduction and control of the disease, but Make an individual subjected to plenty of adverse effects. Hence it is essential to find a suitable compound, which fulfills the criteria of supporting nutritional status and also decreasing the adversities associated with AKT. Considering all these aspects "A study on Agasthya haritaki rasayana in improving the nutritional status in Rajayakshma patients" is under taken, by employing agasthaya haritaki rasayanas as an adjuvant compound in the treatment of Rajayakshma patients, with a special aim of improving nutritional status.

Rajayakshma is included under astamahagada in Ayurveda classic, which indicates towards the severity and poor prognosis. Conventional anti tubercular treatment is highly effective. But it has side effect like hepatotoxicity, vestibular dysfunction, Nausea, vomiting, visual disturbance. In no way this medicine contributes to correct the dhatu kshaya which is a predominant feature in Rajayakshma. Even today Researches are aimed to find out a better drug or combination, which avoids reoccurrence and adverse effects of modern medicines.

In Ayurveda Agastya Haritaki rasayana is indicated as a Naimittakara rasayana in kshaya roga. The study intends to observe the beneficial effects of rasayana when given as adjuvant to the anti tubercular treatment and in

counteracting the adverse effects associated with the conventional therapy.

### AIMS AND OBJECTIVES

1. To evaluate the effect of Agastya Haritaki rasayana in preventing adverse effects of patient undergoing revised tuberculosis regimen and imparting rasayana benefits.
2. To evaluate the agasthaya Haritaki rasayana effects in improving the nutritional status.

### Hypothesis

#### Hypothesis for research

Agasthaya Haritaki rasayana has effect in improving the nutritional status and preventing the adverse effects of patient undergoing revised tuberculosis regimen.

### MATERIALS

- 1) Agasthaya Haritaki rasayana
- 2) To measure circumference of mid-arm, mid-thigh, abdomen, chest and hip, measuring tape was used. A standard Weighing machine was used to measure weight and it is noted in kg.
- 3) A revised anti tubercular drugs, which are given by RNTCP.

### Source of Data

The source of collection of the patients was from OPD and IPD of Vivekananda Youth Moment Hospital, Saragur. Mysore (dist).

### Study Design

It is a comparative clinical study of 30 patients selected patient divided in to two groups.

Control group, and Trial group. Control group contains fifteen patients who are undergoing revised anti tuberculosis regimen. Trial group contain fifteen patients it will be administered Agasthaya Haritaki rasayana 50gms in two divided doses before food with warm water.

### Inclusion Criteria

- Diagnosed case of pulmonary tuberculosis undergoing revised Tuberculosis regimen.
- Patient between the age group of 17-55 years.

### Exclusion Criteria

- Tuberculosis of other than pulmonary involvement.
- Patient, who suffering with immunosuppressive disorders like HIV.
- Patient of other chronic illness.
- Tuberculosis patient with complications.

### Procedure

A diagnosed cases of pulmonary tuberculosis patient where selected they are grouped as control group. Test group. For control group only anti tuberculosis treatment was prescribed, but for the test group Agasthaya Haritaki

rasayana 50gm in 2 divided doses before food with warm water. And anti tuberculosis treatment was prescribed. The doses as recommended by the RNTCP.

### Assesment Criteria

Improvement is assessed in terms of following factors before and after treatment.

- Saralakhshana.
- Decrease in Sara lakshana.
- Improvement in nutritional states.
  - 1) Anthropometry.
  - 2) Hematological.
- Decrease in clinical sign and symptoms.

### DISCUSSION

#### Discussion on Results

#### Rasayana therapy in reducing the adversities

Common adverse reactions reported for ATT treatment are pertaining to GIT symptoms like nausea, vomiting, burning sensation in epigastric region, edema and rashes. All these symptoms were reported in both the groups during the commencement of treatment. At the ends of study period observations show greater percentage of reduction of adversities in the rasayana group.

The ingredients of Agastya Haritaki rasayana include dashamula, which are predominantly vata kapha hara. These are the Pradhana doshas involved for the samprapti of the disease; hence all the symptoms of the diseases raja yakshma got decreased by rasayana therapy. Apart from this the medicine also contain Gaja pippali, chitraka which are known for their carminative action and promoting proper metabolism. This may be the reason for reduction of nausea, vomiting, and abdominal pain more in the rasayana group. The drug also contains bharangi, pushkaramoola, apamarga, shati, which are having the shopha and shotha hara properties. The anti inflammatory action of these drugs helps in reducing the inflammatory changes in the alveoli and respiratory tract there by reduction of the disease symptoms like parshva shoola, swara bheda and Shwasa.

#### Discussion on Nutritional Status

Under- nutrition is one of the risk factor for the infection of Tuberculosis as the disease is seen more in lower socio economic group, where the deficiency of proteins essential vitamins and minerals is very common. Deficiencies of these nutrients also impair the immunity. Further the commencement of multi drug therapy reduces the appetite and digestion and causes certain other constitutional disturbances also. In the initial stages of the disease, presence of infection contributes to greater break down of muscle protein which causes for wasting. Apart from this indigestion and malabsorbtion aggravates the problem. The caloric requirement during infection will be usually higher, which may not be met satisfactorily in many of the cases.

In the present study statistics shows greater increase of serum proteins in the rasayana group. Apart from this observation, positive gains are noted in anthropometrical assessments also. Hence Agastya Haritaki rasayana can be included as an effective nutritional supplementation in Rajayakshma cases, along with ATT (Anti tubercular treatment) with the objective of reduction of adverse effects of multi drug therapy.

#### Discussion on subjective parameters

All the patients responded for subjective assessment parameters. Better results are found in all the 11 symptoms of the disease in Rasayana group.

The highly significant result for all the symptoms in rasayana group over the control group supports the efficacy of Agastya Haritaki rasayana as Naimittika rasayana in Rajayakshma.

**Weight:** Patients in both the groups got gain in weight with an average percentage of 1.46 Kg in ATT group and 3.5 Kg in Rasayana group. The T value is highly significant in both groups.

**BMI (Body Mass Index):** There is an increase in Body mass index in both the groups after the treatment with a mean value of 1.23 in ATT (Control) group, and 4.01 in Rasayana group.

#### Discussion on Objective parameters

##### Hb%

The mean percentage improvement noted in the control group is 11.45% and in rasayana group 18.69%. This shows the high significance in both the groups.

##### Serum protein

In both the groups there was gain of serum protein. However the gains were higher in Rasayana group. The improvement was 9.63% in ATT group, and 14.9 in Rasayana group. This proves high significance of Rasayana therapy as an adjuvant.

In majority of patients after introducing rasayana, adverse effects like nausea, vomiting, abdominal pain, burning sensation in epigastric region, rashes were reduced significantly within first two weeks.

In control group the symptoms were persisting for more than two months period. Gradual reductions of adversities were seen in the consequent period of multi drug therapy. Absence of this pattern in Rasayana group suggests that Agastya Haritaki rasayana has significant controlling effect on the adverse effects of multi drug therapy.

#### CONCLUSION

The clinical study was conducted to understand the literary, diagnostic and therapeutic aspects of Rajayakshma and the role of Agastya Haritaki rasayana as a Naimittakara rasayana.

#### Following conclusions can be made from the study

- Explanation about the ekadasha roopa Rajayakshma is very much evident in the selected clinical entity “pulmonary tuberculosis”
- The disease is predominantly affecting the lower socioeconomic group of people with a slight higher occurrence among males.
- The severity and chronicity of the disease makes it the prime among all the diseases.
- Impairment in nutritional status forms an important predisposing factor for Rajayakshma. However the disease process aggravates malnutrition.
- It is necessary to introduce a suitable nutritional adjuvant in Rajayakshma. Such supplement must also correct the associated adversities of multi drug therapy. Agastya Haritaki rasayana fulfills this requirement.
- With a view of proper administration and continuous monitoring; confirmed Tuberculosis cases, which are undergoing AKT therapy were administered with Rasayana drug daily.
- Most of the cases were selected from tribal areas, and people living in very poor socio economic status. This helped in affective monitoring of the cases.

This work supports the view that, administration of Naimittika rasayana enhances the efficacy of treatment, and enables the patients for a better recovery.

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