

A CASE REPORT OF AYURVEDIC MANAGEMENT OF RENAL CALCULI/KIDNEY STONE WITH LYMPHADENOPATHY IN CHILDRENVerma Annu^{1*} and Pandey Reena²¹MD Scholar (2nd Year) In Department of Kaumarbhritya At Rishikul Campus, UAU, Haridwar, Uttarakhand, India.²Prof. In Department of Kaumarbhritya At Rishikul Campus, UAU, Haridwar, Uttarakhand, India.***Corresponding Author: Dr. Verma Annu**

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ABSTRACT

Ashmari is a disease of urinary tract system mainly effects the kidney. In modern medicine it is mainly correlated with renal calculi. The main symptoms in this are pain in the flanks region in the affected site, disturbance in micturition like burning micturition, blood in urine, dysuria etc. Ayurveda included this disease under mutragata vikara. Lymphadenopathy or Lymph node enlargement is a common problem in children and adolescents. As part of reticuloendothelial system, lymph nodes serve as the termination point for lymphatic vessels that drain lymph from most tissues of the body. In Ayurveda lymphadenopathy correlated with lasika vikara. The main symptoms in this are enlarged lymph node and pain in affected side, This symptoms hampers the patient's life dangerously. Here an effort was made to treat the child patient with multiple ayurvedic treatment modalities. At the end of 30 days 90% improvement seen in patients.

KEYWORDS: Ashmari, Ayurveda, Lasika vikara, kachnaar gugulu, giloy satwa etc.**INTRODUCTION**

Urolithiasis is the stone formed in urinary tract. According to Ayurveda, it is considered as mutrashmari which is one of the common and distressing maladies. It is considered as one among the asthamahagadha (Incurable Disease). Sushrutacharya, father of surgery, explains the process of stone formulation of urinary stone is a complex physio chemical process which involves sequence of events as urinary saturation-supersaturation – Nucleation-crystal growth -crystal retention -stone formation. Children can present with stones at any age and calcium stones are most common. Between 5 and 10% of the human population suffer from urinary stone disease during their lifetime and these cases 2-3 % are children. Lymphadenopathy or Lymph node enlargement is a common problem in children and adolescents. As part of reticuloendothelial system, lymph nodes serve as the termination point for lymphatic vessels that drain lymph from most tissues of the body.

AIMS AND OBJECTIVE

A case study of Ayurvedic management on renal calculi with lymphadenopathy.

MATERIAL AND METHOD

Basic information of patients.

1) Personal Data

- Name: Alshifa D/O Mustaqim
- Age: 06 year

- Sex: Female
- Address: Roorkee

2) Presenting Complaints: Patient presented in OPD at 24/08/2020 at 11 am with complaints of.

- Whitish thick discharge from urethra with burning micturition since 8 days.
- Lymph node enlarged and tenderness B/L in inguinal area since 8 days.
- Oral mucosal ulcer since 2-3 days.

3) Premorbid: TB (-), Typhoid (-)**4) History of Presenting Complaints:** According to the patient she was asymptomatic before 8 days she was gradually developed burning micturition with mild pain and whitish discharge from urethra and enlarged lymph node with tenderness B/L in inguinal area. Difficulty in eating & pain in mouth due to oral mucosal ulcers. She was came to Rishikul Campus Haridwar for further better management.**5) Past medical and Surgical History:** not significant.**6) General Examination.**

GC – Average

Build & Nutrition: Not good

7) Anthropometry

- ❖ Weight: 16.9 Kg
- ❖ Head Circumference: 50 cm.
- ❖ Chest Circumference: 60 cm.

❖ Height: 120 cm.

8) Vital Sign

- Temperature: 97.7 F, Anemia: Not present, Neck: Trachea centrally placed not any asymmetry.
- H.R: 76/ min, Cyanosis: Not present, Nails: Thin, Uniform, Pale Yellow.
- R.R: 22/min, Lymph node: Enlarged in inguinal area, Skin: Dry, Rough.
- B.P: 110/70 mmHg, Mouth & Throat: Tonsil not enlarge, Hair: Black.

9) Antenatal History: not any

10) Natal History: Mode of Delivery – Vaginal
Place of Delivery – Hospital

11) Postnatal History: not any

12) Development History: Appropriate for age

13) Immunization: Done

14) Dietary History

- Qualitative: Vegetables, Pulses, Rice, Milk
- Quantitative: 1 bowl Pulses and rice
½ bowl vegetable, 1 chapati in a one day.

15) Family History: All family members are healthy.

16) H/O Allergies: not significant.

Systemic Examination

Respiratory system

Inspection: Normal thoraco abdominal movement, chest wall & overlying skin is normal, B/L symmetrical no any scar found.

Palpation: not any tenderness present. trachea centrally placed.

Percussion: resonant sound present.

Auscultation: Normal breath sound heard, no abnormal sound found.

• Cardio vascular System

S1, S2 sound present no added sound.

• GIT System

Inspection: Normal flat abdomen no any scar mark present

Palpation: No organomegaly, tenderness both side of inguinal area

Percussion: Normal Tympanic sound

Auscultation: Normal Bowel sound

• Urinary system:

Inspection: no any scar mark present skin is normal no lesions, eruptions, no distension present.

Palpation: tenderness both side of inguinal area

Percussion: bladder dullness present

Auscultation: NAD

INVESTIGATION

U.S.G Abdomen:

Finding: In left kidney few tiny echogenic foci of about 2-3 mm without distal shadowing seen and renal concretions.

CBC:

PCV: 34.6%

DLC: Neutrophils – 37.0 %

Lymphocyte- 59.0% Monocyte – 0.6%

ALC- 6.33%

AEC – 0.25%

• Urine Routine Examination:

Color: Yellow

Turbidity: Absent

Microscopic Examination: Pus cells – 4-5 HPF

Epithelial cells – Few

Bacteria – present

Casts – nil

Crystals – nil

Differentials Diagnosis: Urethritis, vaginitis and Renal calculi.

Final Diagnosis: Renal calculi with bacterial infection

Prognosis: Good.

DASHVIDH PARIKSHA

Prakriti- Kapha Pradhan Pittaj Satmaya- Madura rasa pradhan

Vikruti- Vataj Satwa- Madhyam.

Saar – Asthisaar Ahar Shakti- Madhyam.

Samhanana- Madhyam Vayam Shakti- Madhyam.

Pramana- Sampramana Vaya- Balya-awastha.

ASHT VIDH PARIKSHA

Nadi- Kaphj Shabad- Samanya

Mutra- Jawalansheel Sparsh- Khar

Mal- Apravarti Drik- Samanya

Jihwa- Malavrit Akriti- Samanya

TREATMENT

Treatment Protocol-

Total duration – 30 days

Internal medicine for 30 days

- Intake of 5-6 glass of water
- Kachnaar gugulu- 65 mg twice a daily with honey after the meal
- Prawal Bhasma- 125 mg twice a daily with honey after the meal
- Giloy satwa-125mg twice a daily with honey after the meal
- Syrup Renalka 2TSF BID after the meal
- Tab. Neo 1 tab. BID with plain water after the meal
- Irimedaadi taila for LA twice a day
- **Follow up:** There are 2 follow up will be at interval of every 7 days, then 3rd follow up after 15 days.
- **Diet plan** – Ayurvedic texts provide detailed information regarding the dietary habits and lifestyle which should be adopted in Ashmari. it is advised to take whole rice, wheat, barley, horse gram, green gram, matured pumpkin, varuna, ginger, gokshura and amaranthus, light diet etc.
- Intake of 5-6 glass of water
- Drink citrus juices, such as orange juice.
- eat a moderate amount of protein
- avoid high salt intake and vitamin c supplement

OBSERVATION**Assessment of patients for 30 days with ayurvedic treatment**

Symptoms	Day- 1	Day- 15	Day -30
Burning micturition	+++	++	-
Pain in left flank region	+++	++	-
Lymph node enlarged >1 cm & tenderness	+++	++	-
Oral mucosal ulcer	+++	++	-

DISUSSSION

The patients is observed for 30 days with above ayurvedic management, there is gradual decrease seen in pain in left flank region, burning micturition decrease after 15 days, oral ulcer reduce swelling & tenderness with in 30 days. patients relief symptoms after treatment and now completely relief day to day activities. This all seen because above treatment relives mutragata vikara and localized enlarged lymph node.

CONCLUSION

After clinical assessment for 30 days with internal medicine, and supportive treatment patient get relief about 90% and now patients able to do her regular activities.

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