



AYURVEDA MANAGEMENT OF WILSON'S DISEASE, WITH COMPLICATIONS - A CASE STUDY

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ABSTRACT

The conceptual framework in Allopathy from which its limited successes arise, is a simplistic idea that all life is reducible to biochemical and ultimately molecular processes. By not emphasizing the effect of diet and lifestyle as contributory factors of diseases, it also promotes an irresponsible approach of humans towards their health. This is in direct contrast to Ayurveda which places the onus of diseases on the person's lifestyle (*mithyāhāravihāra*: i.e. wrong diet and lifestyle). Hence we see that there is a deep seated conceptual difference as to idea of health and disease between Ayurveda and biomedical science and this, to an extent explains the limitation of allopathic system. The above statements are proved through a case of Wilson's disease, diagnosed as *Śākāśrita Kāmāla* in Ayurveda compliance and treated successfully through Ayurvedic medicines, diet and lifestyle modification, where contemporary science had failed to treat the case. This case highlights the importance of diet as part of management strategy, unduly ignored by biomedical science in this case.

KEYWORDS: Ayurveda, *Śākāśrita Kāmāla*, Wilson Disease, Diet.

INTRODUCTION

In the contemporary world, stressful and fast lifestyle is making it hard for the population to understand the need to live in synchrony with nature. The principles of *dinacaryā* (ideal daily routine) and *ṛtucaryā* (ideal seasonal routine) have been standardized in the classical texts of Ayurveda. Many of the modern ailments are because of the lack of awareness in the about *dinacaryā* and *ṛtucaryā*, salutary principles of Ayurveda which focus on disease prevention. The conceptual framework in contemporary science, is a simplistic idea that all life is reducible to biochemical and ultimately molecular processes. By not emphasizing the effect of diet and lifestyle as contributory factors of diseases, it also promotes an irresponsible approach of humans towards their health. This is in direct contrast to Ayurveda which places the onus of diseases on the person's lifestyle (*mithyāhāravihāra*: i.e. wrong diet and lifestyle). Hence we see that there is a deep seated conceptual difference as to idea of health and disease between Ayurveda and biomedical science and this, to an extent explains the limitation of allopathic system. The focus of Ayurveda is to integrate and balance the body, mind, and spirit, rather than focusing on individual symptoms. It explains about the inter-relation between *Tridoṣa*, *saptadhātu* and their functional relations with *ṣaḍrasas* (Six Tastes), which in the end, culminate in either health or disease. Diet, which is an integral and prominent part in the management of any condition in Ayurveda, is almost completely ignored by biomedical fraternity or at best, given a perfunctory

importance. Whereas Ayurveda holds the view that right diet and lifestyle is as good, if not better than medicine. *Pathye sati manuṣyāṇām kimausadhaniṣevanaiḥ, pathye'asati manuṣyāṇām kimausadhaniṣevanaiḥ* i.e. When one follows *pathya*, i.e. eats the right food and lives the right lifestyle fit for one's body constitution, what indeed is the need for medicine and if one doesn't follow *pathya* (while under treatment), what is the use of medicine? This ageless maxim of Ayurveda emphasizes the role of diet both in maintaining health and curing diseases.

We narrate below a case of Wilson's disease, treated successfully through Ayurvedic medicines and diet modification, where contemporary science had failed to treat the case. This case highlights the importance of diet as part of management strategy, unduly ignored by biomedical science in this case. The author feels that the complications the patient suffered and the exorbitant treatment cost could have been far less had the condition been treated, to start with, by Ayurveda.

The Case

A female patient aged about 25yrs visited my clinic in the first week of June 2013, complaining of mild fever, severe icterus (yellowish discolouration of skin, sclera) yellowish urine and occasional giddiness. She presented her recent lab reports showing Dimorphic Anaemia with Pancytopenia. The patient was already diagnosed in early Jan 2013 as suffering from Wilsons Disease, after

developing icterus for the first time. In Wilson's disease, for some genetic reason, the liver loses its capability to metabolize dietary copper and the latter damages the liver cells leading to complications. She was treated at reputed hospital by a reputed gastro-enterologist at Mysore for about 5 months. She was admitted thrice for various complications which developed during this period. Her general health continued to spiral downwards and her bilirubin levels continued to rise. When admitted for the third time, her total bilirubin went up to 16mg/dl, and she further developed Dimorphic Anaemia (Hb- 7.6 gm%) with Pancytopenia (RBC= 3.3 million cells and WBC= 2,600).

At this stage patient also underwent Bone Marrow Aspiration and biopsy to find the cause of pancytopenia but this report was inconclusive. The patient was then advised some medicine (details of which are not available) which would have cost the patient around Rs. 50,000 for 30 tablets. Already having spent a significant amount of money with little improvement, she was left with no choice but to look for other alternatives and came for Ayurveda treatment to my clinic.

After a thorough clinical examination and questioning, I found that the patient's *Jātharāgni* (Hunger) was not much affected. However there was a reduction in the intake in quantity of food one week prior to her visit to my clinic. Interestingly, even with the blood report indicating severity of her condition, patient was positive, active and *Bala* (strength) of the patient was found to be *madhyama* (Moderate). These were important findings which helped in finalising the treatment strategy.

When questioned about her diet, she told me that she was advised by the previous physician, to take food stuffs not containing copper. No other specific dietary advise was given to her and while at the hospital, she was given normal food supplied by the hospital canteen, which consisted of two varieties of vegetable side-dishes, pickle, rasam, sambar, a cup of curd, a bowl of rice and two chapatis. She further informed that the side dish, rasam and sambar were usually spicy.

A diagnosis of *Śākāśrita Kāmāla* was made and Patient was prescribed the following Internal Medications.

1	<i>Paṭolamūlādi Kaśāya</i>	3tsp BD
2	<i>Vaishvānara Cūrṇa</i>	½ tsp Tid
3	<i>Tab. Nirocil</i>	2 Tab Tid
4	<i>Daśamūlāriṣṭa</i>	3tsp Tid
5	<i>Amṛtāriṣṭa</i>	3 tsp Tid
6	<i>Amṛta satva</i>	½ tsp Qid with honey
7	<i>Gandharvahastādi Eraṇḍa</i>	2tsp HS with Milk
8	<i>Dhatriloha</i>	2 Tab BD

The patient was put on strict bland diet, consisting mainly milk and rice and was advised not to take any

spicy food / drink. Liver Function Test (LFT) was advised after 1 week of consuming the above medicines. A repeat LFT was done **one week after the medication and diet restriction were started**. The test showed positive result, in that, the total bilirubin had reduced to 9.6 mg/dl.

Patient was advised to take *Nitya Virecana* with *Śunṭhikaśāya* and *Gandharvahastādi eraṇḍa* for 3 days every week along with the internal medication as prescribed earlier.

Patient continued to show good improvement in all the blood parameters and by mid September (i.e. about three months from the start of the treatment), her total bilirubin had reduced to 2.9 mg/dl, Hb% had risen to 10.3 gm%, RBC count had risen to 5.08 million cells, WBC count had normalised consistently to 6,100 cells/cu-mm.

The patient continues to be on medication till date. Her total bilirubin levels at the beginning of February 2014 (about eight months from the start of the treatment) were 1.9 mg/dl and Hb was 10.9gm% and all other blood and liver function parameters continued to be normal.

DISCUSSION

Ayurvedic literature describes *kāmāla* as a *Pitta* dominating liver disease. Acārya Caraka describes *Kāmāla* as next stage of untreated *Pāṇḍu*. This case serves as a perfect example wherein the classical line of approach which includes *mṛdu śodhana* and prescribing *tikta* (bitter) medicines gave the desired result. *Paṭolamūlādi Kaśāya*, a *tikta auśadha* (Bitter medicine), is a potent ayurveda medicine used in *Kāmāla* because *tikta rasa* reduces *pitta*. This medicine, especially due to its drug combination consisting of *Paṭola*, *Triphalā*, *Śunṭhi*, *Kaṭukarohini* etc. performs detoxificatory action on liver. *Vaishvānara cūrṇa* is a drug that reduces *āma*, improves and sustains *agni*. *Daśamūlāriṣṭa* is most commonly used Ayurvedic medicine and is known to address most of the symptoms which arise during *Kāmāla* like, *aruci* (Lack of taste or appetite), *pāṇḍu* (anaemia), *agnimāndya* (reduced hunger) and general weakness. *Amṛtāriṣṭa* is a well known Ayurvedic antipyretic drug. *Amṛta sattva* is antipyretic, *balya* (strength imparting), *āmahara* (*āma* remover), *Agni dīpaka* (augments digestive fire) and has actions associated with treating Anaemia and Jaundice. *Gandharvahastādi Eraṇḍa taila* was used in this patient initially for *doṣa anulomana* but at later stages was used primarily as a purgative drug. Being a *snigdha mṛdu virecana dravya*, *gandharvahastādi eraṇḍa* made sure the purgative action did not antagonize *vāta doṣa* and removed excessive systemic *pitta*. *Nirocil* is a propriety medicine contains 1000mg of *bhūmyāmalakī* (*Phyllanthus niruri*). *Bhūmyāmalakī* is known to have hepatoprotective and hepato corrective property. It reduces *pitta* and detoxifies the liver. *Dhātṛi loha* containing *āmalakī*, *loha bhasma* and *madhuyasṭi* was introduced towards the later part of the treatment. This

medicine is known to improve haemoglobin percentage and is also used as adjuvant medicine to treat *Kāmāla* (Jaundice).

Ayurveda attributes a great role to diet as part of treatment. Apart from the medications the role of diet was pivotal in bringing about the end result. However, with the complications and blood counts patient had early on, this case had its share of risk. This case is also quite unique because the patient was treated on OPD basis and no admission in any hospital was made while under Ayurveda treatment. It is not the author's claim that every case can be treated on OPD basis. The condition of the patient should guide the physician's

judgment. The success of this case can be attributed to a combination of diet, medicines and *Pancakarma* treatments prescribed to the patient. This case may serve as an example to demonstrate the advantage of the holistic approach of Ayurveda in treating conditions not only completely but also cost-effectively.

This case has demonstrated that the application of Ayurveda concepts correctly could open an avenue for Ayurveda to play a major role in treating conditions, seemingly impossible to be treated by bio-medicine. The Science of Ayurveda is far less understood for its potential and hopefully its potential will be better explored in coming days.