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CASE STUDY

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A Case Study OF CCF Successfully Managed with Āyurvedic Treatment

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Abstract

A 47 years old housewife women from Karnataka state of India, already diagnosed as CCF (Congestive cardiac failure) by cardiologist since 5 months and having ascites, pleural effusion, breathlessness of grade 3, orthopnea, cough and massive pedal edema which suggest bilateral heart failure,was hospitalized in P D Patel Ayurvedic hospital, Nadiad for one month period. She was treated with Ayurvedic preparations *pūnarnavādikvātha, arjunacūrṇa, śhṛṅgabhasma* and *śvetaparpaṭī*. After 4 weeks of treatment, patient was well responded with the treatment and could stop the allopathic medicines with which she did not have a satisfaction. Edema and other signs were totally disappeared. Abdominal girth was reduced that suggest the improvement in ascites. Hepatomegaly and peritoneal fluid were also reduced in ultrasonography of abdomen after the 4 weeks of treatment.

Keywords

CCF, *Pūnarnavādikvātha, Arjunacūrṇa, Śhṛṅgabhasma, Śvetaparpatī*

Greentree Group

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INTRODUCTION

Congestive cardiac Failure (CCF) is excessive blood or fluid in the lungs or body tissues caused by the failure of ventricles to pump blood effectively. It may also occur due to a buildup of excess fluid in the body due to secondary renal failure or dysfunction due to disease. Blood begins to congest in the lungs (pulmonary edema) and peritoneum (Ascites).[1,2]

It considered as *Hṛdaroga*. In *Hṛdaroga, hṛdaya* is not capable to eject rasa in the body, causing accumulation of rasa in *hṛdaya* resulting in to failure of *hṛdaya* to take rasa in. This causes flooding of *rasa* in whole body (congestion) resulting in to *Śotha, Svāsa, Aruci,Maṅdāgni* occur because of *rasa* accumulation (abnormal *vṛddhi*).

PATIENT'S HISTORY OF PRESENT ILLNESS

In May 2014 the patient had shortness of breath and coughing with high blood pressure, so she consulted pulmonologist and started inhaler for breathlessness and anti-hypertensive drugs. In Feb 2015 she had severe breathlessness, coughing, pedal oedema and abdominal pain, so she wasadmitted in KhwajaBandanawazTeaching and General Hospital Gulbarga, Karnatakafor one month. She didn't get satisfactory relief at here and went to another conventional medical hospital nameSri Sri Hospital at Hyderabad where she had symptomatic relief for next two months. After two months she was unable to walk evenfor 100 meters with excessive swelling on feet.Then she has decided to go for alternative care and came to P.D Patel Ayurveda Hospital, Nadiad on 8th Jul 2015 with the complaints of breathlessness, productive cough with frothy sputum, pedal oedema, weakness, loss of appetite. She hospitalized at this hospital for 28 days. She was taking conventional medicinesi.e. moxifloxacine inhaler, amoxycilline with cavulanic acid tablets, furosemide with aldectone and folic acid which was prescribed by allopathic physician.

CLINICAL FINDINGS

She had an anxious look. She was conscious with intact mental status. A resting tachycardia, raised JVP, marked ascites, pedal oedema, audible basal crepitation on the chest were observed. There was Grade 2 Liver enlargement and tenderness and 2+ pitting oedema of lower extremities up to the knees. Tongue was minimally cyanotic.

The chest radiograph showed minimal interstitial oedema, a right side pleural effusion and marked cardiomegaly.

DIAGNOSTIC FINDINGS

Radiological: 2D colour Doppler ECHO shows LVEF- 40%, Systolic dysfunction and tachycardia noted. Ultrasonography of abdomen (22/5/15) suggests congestive moderate hepatomegaly with normal echo texture of the liver, cholelithiasis, bilateral mild pleural effusion and moderate ascites. CT scan (22/5/2015) shows bilateral pleural effusion, minimal pericardial effusion and bilateral basal atelectasis.

Biochemistry: Glucose 102mg/dL (RBS); BUN 17mg/dL; Creatinine 1.5mg/dL; Total Bilirubin 0.8gm/dL, Direct Bilirubin 0.4mg/dL SGPT 14.2IU/L; SGOT 18IU/L; Total Protein 6.7g/dL, Albumin 3.5g/dL; Electrolytes: Sodium 132mEq/L, Chloride 101mEq/L, Potassium 2.3mEq/L; Urine: Specific Gravity 1.005, trace protein, hyaline casts.

ECG: Mostly normal.

THERAPUTIC INTERVENTION

On 8th Jul we started Pūnarnavādi Kvātha 40ml twice in a day with Pūnarnavā cūrṇa 3gm prakṣepaon empty stomach, Arjunacūrṇa 3gm along withŚhṛṅgabhasma 300mg twice in a day with honey, Vāsāsvarasa 20ml andTulasīsvarasa 20 ml together twice in a day andŚvetaparpaṭī 300 mg twice in a day.Nāgārjunābhraka rasa (Punarvasu Pharmacy) 1tab twice in a day was also given from the 1st day of treatment.She complained of abdominal discomfort on 10thof July, so Śaṅkhavaṭī 2tab twice in a day was added. During this treatment she had complaineddiarrhea so we have started Kutajaghanavaṭī 3tab thrice in a day for 4 days and then discontinue as patient responded.

OUTCOMES

It is mentioned in Table No 1.

Table No 1

Signs	BT	AT
Edema	2+	disappear
Urine output	0.8 L/24hrs	1.8 to 2 L/24hrs
PEFR	86 L/min	237 L/min
FEV1	0.40 L	1.06 L
Abdominal Girth	79 cm	71cm

DISCUSSION

In congestive cardiac failure fluid accumulated in body ultimately creates over load for heart which created more disability for heart. In Ayurveda fluid is considered as a *Kleda*. *Kledavahana* is a function of M*ūtra*, so it indicates clearlythat in this type of condition,*Mūtravirecana* should be given to relieve fluid over load. Because of weakness of cardiac muscles it cannot pump out blood properly therefore*HṛdyaAuṣadha* like *Arjuna, Śhṛṅgabhasma* and *Nāgārjunābhra rasa*were given. During one month of treatment period she got remarkable improvement in signs and symptoms. All the conventional medicines stopped during this treatment period and there was no need of it.

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