Role of Karanja Tail Matra Basti in Purishaja Krimi – A Case Study

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Abstract: There are lots of patient come in the clinic complaining serious disease like Apsmara, Unmanda, pandu, hridroga, jirnapratishyaya, skin disease, and many more. we started treating them with hetu, nidan parivarjan, sampramti bhanga basics. but some while we have to think about krimi. In ancient time Concept of Krumi and their relation in the development of disease is described in almost all ayurvedic samhita. Acharyas also describe Krumi as an etiological factor in various diseases. Recent global estimates indicate that more than a quarter of the world’s population are infected with parasitic infestation. Krimi is a serious public health problem and is widely prevalent in developing countries due to low environmental quality and people of low nutritional status and poor personal hygiene. Medicinal Plants has been utilized as medicine from ancient time. Traditional Knowledge of Ayurveda medicinal plant and their treatment method are rooted in classical literatures and unscripted dialets of people in India. Krimi in Ayurveda in broad sense is all worms and microbes whether visible or invisible; pathogenic and nonpathogenic subtle organisms and microorganism. As in modern science there is separate branch of helminthology and microbiology.

Keywords: Krumi, Intestinal worm infestation, karanj tail matrabasti,

Introduction: According to Modern science Intestinal parasitic infestation is classified as tropical Disease which is endemic worldwide and still most neglected. It is the greatest single worldwide disease and cause of many illnesses. According to the survey of centre for disease control in 2014, it accounts for major burden of disease worldwide. Recent global estimate indicate that more than a quarter of the world’s population are infected with one or more of most common type of parasites like Round worm(Ascaris lumbricoides), Hook worms(Anchyostoma deodenal) and Whip worms(Trichiuristrichura).

According to WHO latest estimate, 2020 globally there are 880 million cases are in need of treatment of these parasites. Many people neglect this condition as most of the times it may be asymptomatic. It may be
associated with malnutrition, iron deficiency anaemia, repeated gastrointestinal disturbances and upper respiratory tract infection. So proper screening is needed. This condition should be taken seriously because Intestinal worm infestation contributes significantly to the burden of abdominal surgical emergencies and other major disease. Poverty, ignorance, lack of hygiene maintenance, bad sanitation and use of uncooked food or improper washing of food materials etc are the important factors of spreading worm infestation in developing countries like India according to Modern Science. In India, the problem is likely to be more common because of bad hygiene, poor awareness, illiteracy, poverty and variety of allied factors.

*Krumi* is an important disease described in ayurveda. It is described in detail with its etiology, clinical features and treatment. The word *Krumi* is used to denote tiny organisms which reside in human body. *Krumi* (worms) with the use of food and blood breed in human intestine. On the Basis of their origin Krimi differentiate mainly in two types;

**Bahya Krimi (External worms):**- originated externally, manly occurs in the hairy parts of the body. They may be considered responsible for the urticaria, furunculosis and lymphadenitis.

**Abhyantara Krimi (Internal worms):**- In this type worm may occur due to the Aamotpatti, excessive consumption of sweet, pishtamaya padartha, & virudhh ahaar.

*The abhyantar krimi are of various types on the basis of their origin:*
- **Shleshmaja Krimi.**
- **Raktaja krimi.**

- **Pureeshaja Krimi.**

According to Acharya Charak, each *Krumi* have their own specific habitat.

**Shleshmaja Krimi** usually resides in amashaya and they have a tendency to move upward or downward along the intestinal tract.

**Raktaja Krimi** found in the blood vessels.

**Purishaja Krimi** are dwell in pakawashaya which usually migrates downward towards the rectum and anus. By vikrut udana they may travel towards the stomach resulting in fecal smelled breathing.

It includes *Aharsambandhi Hetu* like *Adhyashana*(eating before digestion of previous food) consumption of foods that leads to *Kapha Utkleshan* like jaggery, sesame, meat, oily, *pishtamaya padartha* sweet & cold materials. And *Vihara Sambandi Hetu* involves *Divaswapna*, *Asana*, *Ayyayama* & disturbed life style patterns, which causes Ajirna or indigestion leads to *agnimandhya*. *Jwara*, *Vivarnata*, *Shoola*, *Hridroga*, *Bhrama*, *Bhaktadwesha*, *Atisara*, *Sadana*, *Chardi* and *Shwasa* are the main *Krimi Lakshana*. The poor socioeconomic conditions, lack of personal hygiene, lack of awareness and *apathy aahara-vihara* are the main causative factors of *Pureeshaja Krimi*. According to Acharya Sushrut the vitiation of kapha and pitta *dosha* by any of the *hetu* of *Krumiroga*, results in the production of *Krumi*. Most of the factors described in the etiology of *Krumiroga* leads to *agnimandya* and *ama uthpatti* which works as the principle factor in the process of *samprapti* and leads to the production of *Krumi*. 
Dosha – kapha predominant tridosha,
Dushya – rasa, rakta,
Srotas – Mahasrotasa, purishvaha srotas, raktavaha srotas
Adhisthana – Pakwashaya.

**Rupa of purishja Krumiroga-Jwara**
vidbheda, udarshoola, chardi, Twakavaivarnya a, gudkandu, bhaktidwesa.

**Chikitsa**

- Apakarshana Chikitsa
- Prakruti Vighata Chikitsa
- Apunarbhava

**Apakarshana Chikitsa**

Extraction of the *Krimi* by following methods:

1. **Hasta / Yantra** (manual extraction): extracted manually using *Yantras* Ex. sandamsh Yantra

**Prakruti Vighata**: It refers to creating an unfavourable condition or a environment which is exactly opposite to the habitat of the infested region (intestinal lumen).

**Apunarbhava**: Along with the termination of worms and therapeutic medicine administration, avoidance of causative factors has also been highlight in Ayurveda.

- Potent anti-helminthic drugs are available in the market, which has the risk of producing gastro-intestinal disturbances, nausea and vomiting. There are limitations in the modern science to provide a comprehensive management for *Krumi* without any side effects. Many ayurvedic anti-helminthic formulations mentioned in the classics are easily available and easy to administrate. Hence in this present case Apakarshana method is used for the study. All bahirmukha srotas of the body are routes of administration of the drug. As anal route is the nearest route for the apakarshana of purishaja krimi, matra basti (retention enema) can be the effective treatment for worm infestation. Benefits of this route are that the drug retains for longer duration at the site of action which is required to destroy cyst and ova of parasites. Katu-tikta rasa and Ushna Veerya of *Karanja* (Millettia pinnata L.) kills the ova of the worms.

- अल्पं भुक्तवतोऽल्पो हि सेहो मन्दगुणस्तथा
  दत्तो नैहत क्लमोत्क्क्लेशौ भृशं चारहतमावित्
  तत्राप्स्थापनं कार्यं शोधनीर्येन

  (अन्वासनं च सेहेन शोधनीयेन शस्यते )

  ||९६ |

  सु | हच | ३७/९५-९६ |

Matrabasti is the type of snehabasti which is the most beneficiary root of drug administration. Basti in the above contest has limited role of shodhanApkarshana and prakrutivighat but it is mention as having
50% weightage of complete treatment of Ayurveda. All other treatments on one side and Basti is said to be equipotent to all other therapies. 

Ayurveda describes use of contemporary medicine along with preventive measures as a treatment protocol for the management of Pureeshaja Krumi infection. A number of herbal preparations have been used in the management of Krimi. Karanja (Pongamia pinnata (L) Pierre.) is a moderate sized spreading tree, which belongs to Fabaceae (Papilionaceae) family. It grows up to 25 meters tall. This is abundantly found in Central and Eastern Himalayas, Southern India and Sri Lanka.

**Classical Categorisation**

<table>
<thead>
<tr>
<th>Author</th>
<th>Varga</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acharya</td>
<td>Kandughna Gana</td>
<td>group of herbs that relieve itching</td>
</tr>
<tr>
<td>Charaka</td>
<td>Katuka Skandha</td>
<td>pungent Tasting group of herbs</td>
</tr>
<tr>
<td></td>
<td>Sthavar sneh yoni</td>
<td>A plant source for oil</td>
</tr>
<tr>
<td>Aacharya Sushrut</td>
<td>Aaragavadhadi</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Varunadi</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aarkadi</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shyamadi</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kaphasanshamana</td>
<td>herbs that balance kapha</td>
</tr>
</tbody>
</table>

The authentic classical references, the easy availability of drug and cost effectiveness developed the interest in selecting this drug for the clinical trial in one of the most common disease Krimi.

**Case discussion**

A 22 year old male patient was having problem of constipation since 10 years, he gradually developed Gudkandu udarshoola, Twakvaivarnya (white patches on chest, face and back) vidbheda, parushta, bhaktdwesha.
**Past history**-
Same complaints present since 1 year (Jirna Pratishyaya) Recurrent upper respiratory tract infection
Failure to thrive
No H/O any major illness
No H/O any drug allergy or any previous surgery

**On examination**- Constipation for 2-3 days or
*Drava malapavruti* 5-7 vega/day with *krimi*  
*Udarshoola*+  
*Kshavathu* 15-20 vega/day in morning  
*Gudkandu*++  
*Bhaktdvesha*  
Patches on the face chest and back  
RS-crackles and some wheezing sound  
CVS-NAD  
CNS-NAD

P/A-pain over umbilical region
No signs of dehydration
Urine -Normal
Stool-*dravamal* with *Krumi*

**Anal examination**- mild redness over anal region and Kandu++

**Diet history**-
Diet includes Bakery products, cake, Sweets, etc.

**Past treatment history:**
T/t taken from private hospital Albendazole ,for 2-3 times in last 6 month.

**Type of study**: A case study

**Material and methods**:  
*Karanj taila* available in market

**Criteria for assessment**:

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Gradation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Jwara</td>
<td>Mild</td>
</tr>
<tr>
<td>Vidbheda(<em>dravamalpravrutti</em>)</td>
<td>Normal stool</td>
</tr>
<tr>
<td>Malavashtambha(constipation)</td>
<td>Mild(sometimes)</td>
</tr>
<tr>
<td><em>Udarshoola</em>(pain in abdomen)</td>
<td>Present</td>
</tr>
<tr>
<td><em>Gudkandu</em>(perianal itching)</td>
<td>Absent</td>
</tr>
<tr>
<td>Twakavaivarnya(patches on skin)</td>
<td>Absent(normal skin)</td>
</tr>
<tr>
<td><em>Kshavathu</em>(Sneezing)</td>
<td>Absent</td>
</tr>
<tr>
<td><em>Bhaktdvesha</em>(loss of appetite)</td>
<td>Absent</td>
</tr>
</tbody>
</table>
**Pathya**
- **Rasa** – Tikta & Kashaaya.
- **Drava** – Tila Taila, Kaanjika, Tushodaka, Gomootra, Suraa & Sauveeraka.madhu
- **Phala** – Apakva Kadalee, Pakva Taalaphala & Nimbuka Rasa.
- **Kritaanna** – Taambula, Aasthaapana Basti, Dhoopa, Abhyanaga & Kaphaghna

**Apathya**
- **Rasa** – Amla & Madhura
- **Guna** – Drava, Shita
- **Maamsa** – Maamsa
- **Dugdha** – Dugdha, Dadhi & Ghrita
- **Phala** – Badara.

**Discussion**:
In the present case patient diagnosed with Purishaja krimi on the Basis of Hetu and Lakshanas such as Jwara, vidbheda, Malavashtambha, Udarshuala, Gudakandu, Bhaktadwesha. Purishaja Krimi kaphapitta resides in pakawashaya which usually migrate downward towards the rectum and anus, and shows presence by occurring gudkandu so apkarshan therapy was selected for the study. Apkarshana as name indicates it refers to the extraction of Krumi by two different ways. one is hasta/yantra another way is bheshaja apkarshana. As purishaja krumi kaphapitta predominant, are in pakwashaya so basti was selected for study. In this present case study patient is Kaphapradhan vatanubandhi prakruti, krura kostha and kaphapitta dominant hence decided to give matrabasti of Karanj taila

**Probable mode of action of matrabasti of karanj taila:**

This is a technique of eliminating the Krimi from large intestine. The Karanja oil(Milletia pinnata) (Sneha) etc.It is introduced through anus with Basti Netra. In this process the active principles in the medicine will directly reach the Krumi whereas in oral administration the drug has to undergo the digestive phases, and hence becomes weak in directly attacking the organisms.

In kaphapitta dominant disease five or seven number of basti required for removal of dosha from its sthana. karanj taila has properties of katu, tikta ,ushna veerya ,and Krumighna hence seven matrabasti given according to patients bala ,agni and kostha. Starting of dose from 30 ml of Karanja taila for matrabasti was decided and it is increased by tolerance level of patient.

**Observation of matrabasti:-**

<table>
<thead>
<tr>
<th>Day</th>
<th>Bastidravaya mata</th>
<th>Prataygaman content</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>30ml</td>
<td>Oil+stool+worms4-5with abdominal pain</td>
</tr>
<tr>
<td>2</td>
<td>30ml</td>
<td>Oil+stool+worms4-5with abdominal pain</td>
</tr>
<tr>
<td>3</td>
<td>40ml</td>
<td>Oil+stool+worms2-3with abdominal pain</td>
</tr>
<tr>
<td>4</td>
<td>40ml</td>
<td>Oil+stool+worms 2-3with abdominal pain</td>
</tr>
<tr>
<td>5</td>
<td>50ml</td>
<td>Oil+stool+worms 1-2with abdominal pain</td>
</tr>
<tr>
<td>6</td>
<td>50ml</td>
<td>Oil+stool+worms 1-2with abdominal pain</td>
</tr>
<tr>
<td>7</td>
<td>60ml</td>
<td>Oil+stool+worms 0-1with abdominal pain</td>
</tr>
</tbody>
</table>
Karanja has properties of katu, tikta, kashaya, ras ushna veerya and Krumighna in nature. It relives kapha pitta dosha, abdominal flatulence, and Krumi from the pakkwashaya. Karanjin is the main active ingredient of the karanj taila and is insecticides. Karanja taila through matrabasti directly acts on the pakkwashaya and attacks on worms which kills or lost its consciousness and thrown out from the gut. Karanja taila matrabasti helps to remove worms and declines the symptoms of udarshoola, vidbheda, gudkandu. In this present case study the course of Karanj taila matrabasti seven days completed. Inspite of course most of the worms were removed, so symptoms such as mild twakavaivarnya and pratishyaya persisted hence decided to take one more cycle of matra basti for seven days.

Conclusion:
This study suggested that, karanj taila matrabasti showed significant result after treatment in jwara, vidbheda, malavashtambha, udarshoola, Twakavaivarnya, gudkandu, bhaktdwesha, and Kshavathu and efficacy of the treatment was highly significant even during follow up. In this case study patient completed the full course of treatment without any adverse reaction to drug and therapy. Hence, it can be suggested that Karanj taila for matrabasti can be used in patients suffering from purishaja Krumi. In this study patient shows lakshanas as jirna pratishyaya, so we can think it as krimija Pratishyaya, and after apkarshana of krimi patient having relief in jirna pratishyaya.

References:


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