



### 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 dialects 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, mainly 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 Krumi*** usually resides in amashaya and they have a tendency to move upward or downward along the intestinal tract.

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

*Purishaja Krumi* 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, sesamum, meat, oily, *pishtamaya padartha* sweet & cold materials. And *Vihara Sambandi Hetu* involves *Divaswapna*, *Asana*, *Avyayama* & disturbed life style patterns, which causes *Ajirna* or indigestion leads to *agnimandhya*. *Jwara*, *Vivarnata*, *Shoola*, *Hridroga*, *Bhrama*, *Bhaktadwesh*, *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, gudkandu, bhaktdwasha.*

### **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*
2. *Bheshaja Apakarshana* (therapeutic extraction): *Shodhana therapies*  
Ex. *Virechana, basti & ShiroVirechana.*

**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 *Apakarshan* method is used for the study. All *bahirmukha srotasa* 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 स्नेहो मन्दगुणस्तथा ।  
दत्तो नैति क्लमोत्क्लेशौ भृशं चारतिमावहेत् ॥९५॥  
तत्राप्यास्थापनं कार्यं शोधनीयेन बस्तिना ।  
(अन्वासनं च स्नेहेन शोधनीयेन शस्यते ) ॥  
९६।सु. चि.३७/९५-९६

*Matrabasti* is the type of *snehabasti* which is the most beneficiary root of drug administration. *Basti* in the above context has limited role of *shodhan* *Apkarshan* and *prakrutivighat* but it is mentioned 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

Author	Varga	Meaning
Acharya	Kandughna Gana	group of herbs that relieve itching
Charaka	Katuka Skandha	pungent Tasting group of herbs
	Sthavar sneh yoni	A plant source for oil
Aacharya Sushrut	Aaragavadhadi	
	Varunadi	
	Aarkadi	
	Shyamadi	
	Kaphasanshamana	herbs that balance kapha

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

#### Case discussion

*Karanja* is described as best drug of choice in *Krumi*.

करञ्जः कटुकस्तीक्ष्णो वीर्योष्णो योनिदोषजित् ।  
कुष्ठोदावर्तगुल्मार्शोव्रणक्रिमिकफापहः ॥६०॥  
तत्फलं कफवातघ्नं मेहार्शः क्रिमिकुष्ठजित् ।  
तत्पत्रं कफवातार्शः कृमिशोथहरं परम् ॥६१॥  
मदनपाल निघण्टु

*Karanja* is pungent in taste, penetrating, hot in potency and can cure the disorders of female genital system, skin diseases, disturbed peristalsis, intestinal growths, hemorrhoids, ulcers, worm infestations and aggravated *kapha*

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 malapravruti* 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:**

Symptoms	Gradation		
	0	1	2
Jwara	Mild	moderate	Highgrad
<i>Vidbheda(dravamalpravrutti)</i>	Normal stool	3-5 stool/day	5-7 Stool/day
Malavashtambha(constipation)	Mild(sometimes)	medium(for 1 day)	Moderate(For 2 to 3 days)
<i>Udarshoola</i> (pain in abdomen)	Present	Present <sup>+</sup>	Present <sup>++</sup>
<i>Gudkandu</i> (perianal itching)	Absent	<i>Kandu</i> <sup>+</sup>	<i>Kandu</i> <sup>++</sup>
<i>Twakavaivarnya</i> (patches on skin)	Absent(normal skin)	Mild (on face)	Moderate (half of the body)
<i>Kshavathu</i> (Sneezing)	Absent	5-7 vega/day	10-15 vega/day
<i>Bhaktdvesha</i> (loss of appetite)	Absent	present	

### **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, Bhaktadwasha.

*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*

### **Observation of matrabasti:-**

Day	Bastidravya matra	Prataygaman content
1	30ml	Oil+stool+worms4-5with abdominal pain
2	30ml	Oil+stool+worms4-5with abdominal pain
3	40ml	Oil+stool+worms2-3with abdominal pain
4	40ml	Oil+stool+worms 2-3with abdominal pain
5	50ml	Oil+stool+worms 1-2with abdominal pain
6	50ml	Oil+stool+worms 1-2with abdominal pain
7	60ml	Oil+stool+worms 0-1with abdominal pain

*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.



*Karanja* has properties of *katu*, *tikta*, *kashaya*, *ras ushna veerya* and *Krumighna* in nature. it relieves *kapha pitta dosha*, abdominal flatulence, and *Krumi* from the *pakwashaya*

*Karanjin* is the main active ingredient of the *karanj taila* and is insecticides. *Karanja taila* through *matrabasti* directly acts on the *pakwashaya* 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 tail matrabasti* seven days completed. In spite 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*.

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