

Case Report

Management of *Som Rog*: A Success Story

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INTRODUCTION

In Ayurvedic literature, *Som Rog* was not described in *Brahatri Samhita*. It was first described in *Bhavaprakash Samhita*.^[1] *Som rog* is specially occurring only in female, same as polyuria occur in men. In the case of *Som Rog*, clear, nondirty, cold, odorless, white, and painless water comes out from the women's urinary passage in excessive quantity and women are being unable to stand with the flow, because of this woman does not get comfort even a little. *Som rog* causes *Kshaya* of all *Dhatu*. In modern science, *Som rog* symptoms are almost same as in diabetes insipidus (DI) symptoms, so *Som rog* is correlated with DI. DI is an uncommon disorder that causes an imbalance of fluid in the body.^[2] The body normally balances fluid intake with the excretion of fluid in urine. In DI the body loses too much fluid through urination, causing them to be excessively thirsty. Polyuria (>50 ml/kg), dilute urine (osmolality <300 mOsm/L), and increased thirst (water intake of up to 20 L/day) are characteristic of DI.^[3] Major cause of DI are woman indulging in too much copulation, grief and fatigue, effect of sorcery (witch craft), homicidal poison (Bh.P.), and due to excessive metabolism and hard work.^[4]

SAMPRAPTHI-All Body water begins to secrets from its place through the urinary passage. This water being the sustainer of the body is called as *Som* and the disease

ABSTRACT

Som rog is a very rare disease in female; it affects <1 in 2000. Water is present all over the body and this water being the sustainer of the body is called as *som* and the disease caused by the loss of this water is called *Som rog*. *Som rog* is correlated with diabetes insipidus (DI). DI is part of a group of hereditary or acquired polyuria and polydipsia disease. To assess the efficacy of *Stambhan chikitsa* in the management of *Som rog* with the use of drug *Somnath ras*, *Praval bhasma*, *Guduchi satva*, *Chandraprabha vati*, *Lodhrasava*, *Ahara*, and *Vihara* was advised and assessed before treatment and after treatment advised for follow-up. The treatment adopted is effective in the management of *Som rog* and to improve the quality of life.

KEYWORDS: *Chandraprabha vati*, *diabetes insipidus*, *Lodhrasava*, *Som rog*, *Somnath ras*

caused by the loss of this water is called *Som rog*.^[5] In modern medical science, *Som rog* is correlated with DI. In its impairment of the synthesis of antidiuretic hormone by which urinary control is disturbed and incontinence occur.^[6]

SYMPTOM^[7]-Discharge – (1) Clear, nondirty, cold, odorless, white, large in quantity, painless water comes out and (2) Incontinence.

Dhatu kshyajanya lakshana – Head debilitation, weakness, dryness of mouth and palate, yawning, delirium and not satisfied by food, snacks, and drink.

CASE REPORT

Case presentation

The present case study was successfully done as Ayurvedic management of *SOMA ROG*. A 30 year old lady married, nonsmoker, nonalcoholic, residing in UJJAIN consulted at Kayachikitsa outpatient department (OPD) of Dhanwantari Ayurvedic Medical College and Hospital Ujjain (M. P.) with OPD registration no. 9464 on April 17, 2019, come with

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gradual onset of mildly clear, nondirty, cold, odorless, white, painless, and incontinence water comes out urinary passage in whole day since 6 months. But excessive quantity, clear, nondirty, cold, odorless, white, and painless water comes out urinary passage in whole day and she is being unable to stand with the flow since 2 months without pad, body ache (*Angmarda*) dryness of mouth and palate (*mukhashosh*), and laziness (*alasya*). Hence, she consulted a doctor nearby home. Her investigation regarding diabetes mellitus (DM) had normal study, so she had started taking treatment as per doctors' advice. Her complaint was not resolve with above treatment so she consult for above complain in kayachikitsa OPD.

The patient had developed the above complaint before 6 months and for its management they visited the OPD of Kayachikitsa.

There was no history of hypertension, diabetes mellitus, tuberculosis, and other serious illness. No relevant history of dietary, congenital and surgical illness was found.

Menstrual cycle 4–5/28–30 days, amount 2–3 pads/day no associated symptom and $G_4P_4A_0D_0L_4$.

General condition – moderate, diet – vegetarian, appetite – excessive, micturation – incontinence, bowel habit – regular, addiction – non patient was come in OPD of Kayachikitsa UJJAIN for further clinical assessments and investigations.

The patient was conscious, afebrile and well oriented to time place and person. Her blood pressure was 110/70 mmHg, pulse rate 74/min, respiratory rate 20/min, and her height 156 cm and weight 51 kg.

On *systemic examination* – S_1, S_2 heart sound normal with no added sound, H.R. – 74/min, B/L clear, air entry adequate, no added sounds, on per abdomen examination soft, nontender, and no organomegaly detected. Genitourinary system – any deformity not detected.

Blood investigation

Before treatment April 18, 2019, Hb% – 9.7 g/dl, erythrocyte sedimentation rate (ESR) – 20 mm, and BSL[®]– 120 mg/dl.

Medication

1. SOMANATH RAS – 250 mg bd or 15 days (Kajjali, LohaBhasma, tamalpatra, ela, haridra, daruharidra, jambuchhal, usher, gokshur, vidang, jeerrak, patha, amalaki, dadimchhal, shal, lodhra, shwetchandal, shudhtankan, guggulu, and swarnamakshik)
 - PRAVAL BHASMA – 125 mg bd for 15 days
 - GUDUCHI SATV – 250 mg bd for 15 days.
2. CHANTRAPRABHA VATI – 1 TDS with Luke warm water* 15 days.^[16, 17, 18]

3. LODHRASAV – 4 TSF * BD with equal water * 15 days.

The follow-up was made on 16th day, 30th day, and 60th day. During this period, patient did not developed any other complaints. After 60th day, blood investigations are carried out it shows following results, i.e., ESR – 8 mm, Hb%– 12.3 g%, and blood sugar 98 mg/dl. The patient reported gradual improvement in urine incontinence, excessive urinary discharge, weakness (*Balakshya*), dryness of mouth and palate (*mukhashosh*), and laziness (*alasya*). After treatment, the patient got significant relief.

DISCUSSION

MODE OF ACTION – Mode of action can be understood on the basis *Samprapti* (pathogenesis) of the disease and *Gunakarma* (properties) of the ingredients.

1. *Somnath ras*^[7] is very important drug of *Som rog*. *Som rog* leads to the degeneration of the *dhatu*s mainly *Rakta*, *Mamas*, and *Ojus* which causes *Pandu* and *Durabhya*, etc. In this condition, *Somnath ras* in content *Loha Bhasma* acts as *Rasayana* for all *sapta dhatu*s. *Loha Bhasma* is mainly increased blood cells and flow which helps in restoration of body cells and systems in *Som rog* properties of *Kajjali* such as *Rasayana*, *Jantughna* (antimicrobial), *Yogavahi* (as catalyst), and *sarvamayahara* (corrects all disease).^[8,9] Hence, *Kajjali* play an important role in *Som rog*. Most of the ingredients contain *Kshaya*, *Tikta rasa*; *Laghu*, *Ruksha Guna*; and *Sheeta veerya* properties. Due to *Kshaya*, *Tikta ras*, it has *Grahi* action so it is indicated *Som rog*. Excessive watery discharge (*ojus*) in urinary passage is the cardinal symptom in *Som rog*. Excessive discharge is one *lakshana* of *kapha vrudhhi*.^[10] *Laghu*, *Ruksha Guna* decelerates the excessive *kapha* so it is beneficial in *som*.
2. *Praval bhasma*^[11,12] has got properties such as cooling, *Balya* and soothing, so it is used to treat disorders such as *Pitta aggravation* and *calcium deficiency*. Because of calcium compounds, it can alkalize urine and help to fight urine infection.^[13] *Guduchi satva*^[14,15] is having *Tikta*, *Kshaya ras* with *Madhura vipaka*, *Snigdha Guna* and is *Tridoshashamaka*, *Dipaniya*. These would support in the anti *som* loss activity and other associated symptoms along with Rejuvenation
3. *Chandraprabha vati*^[16] has properties of *Rasayana*, *Balya*, and *Vrushya* which revenue the property of stabilizing tissues and also prevent cell damage. The properties of *Deepana*, *pachana*, *Amadosahara*, *Rakta prasadana*, *Lekhaniya*, and *Medogna* will help decrease the *Avila Muttra* in urine
4. *Lodhra* (*Symplocos racemosa*) is the main ingredient in *Lodhrasava*.^[17,18] *Lodhra* is having *Tikta*, *Kshaya*

rasa, Laghu and Ruksha guna, Sheeta veerya, and katu vipaka. Because of its Tikta, Kshaya, and Sheeta property, it is Kapha-Pittashamaka and also highly effective astringent that was utilized in the treatment of *Som rog*. Moreover, this astringent action can be attributed to a Loturodine alkaloid present in Lodhra bark. Almost ingredients contain Kshaya, Tikta rasa; Sheeta veerya properties. Tikta ras has Grahi action it is because of its Kshaya so it is indicated in *Som rog*.

CONCLUSION

When treated *Som rog* with Ayurvedic treatment schedule as described in Ayurveda according to the condition of patient and state of the disease and with apt application of Ayurveda principles, good result can be seen. In our study we apply Ayurvedic principles according to patient condition and state of disease. more studies were needed to substantiate the effect of Ayurveda treatment in *Som rog*.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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