



**A CONTROLLED CLINICAL STUDY TO EVALUATE THE EFFECT OF BILVADI
GHRITA MATRA BASTI IN THE MANAGEMENT OF GRAHANI**

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ABSTRACT

Modern life style has created several disharmonies in biological system of human being. Advancement of civilization has resulted in highly competition oriented busy professional and social life coupled with improper diet like junk food, unhygienic condition and psychological stress which contributes to Agni dushti. Acharya Vagbhata explains that, "Rogaha sarve api mandagno." Mandagni is a variety of Agni dushti which is also the main cause for Grahani Roga. Grahani roga is characterized by altered bowel habits, abdominal pain and others, and is one such disorder whose incidence is raising day by day in this modern era with changing mechanical life style. Hence special interest is given towards this prevailing disorder. Ayurvedic classics have mentioned various therapeutic measures in the management of Grahani Roga. Among them administration of Basti and usage of medicated Ghritha are highly recommended. Therefore, a controlled clinical study was envisioned to evaluate the effect of Bilvadi Ghritha Matra Basti in the management of Grahani. The topic was studied in controlled clinical pattern. Basti procedure was adopted for one group of patients and in another group shamanoushadha Dadimashtaka churna was administered. Observations were made in respect of efficacy of the procedure, tabulated and analyzed statistically.

KEYWORDS

- Grahani
- Muhurbadda Muhurdrava, Muhurmuhur Malapravrutti
- Bilvadi Ghritha
- Dadimashtaka churna

INTRODUCTION

Agni is considered as the prana for all living beings. Agni is said to be basis of Ayu, Varna, Bala, Swasthya, Utsaha, Upachaya, Prabha, Ojus. It is also said that if Agni becomes extinct in the body, the person cannot survive and also a person with normal agni will live long without any diseases.^[1] Such are the high credentials given to Agni in Ayurveda.

Change in lifestyle dominated by sedentary one, change in food habits coupled with altered routine of the people of current century has paved way for numerous disorders. Acharya Vagbhata states "Rogah sarve api mandagno"^[2] which literally translates as all diseases are due to manda agni and there are many diseases which are seen practically arising out of Agni dushti – especially manda agni. Grahani is one such disease caused by Agnimandya.

In relation to the disease Grahani, two terminologies are commonly used. Grahani dosha is considered when only Agni is vitiated in Grahani. The condition is called as Grahani roga when the anatomical part i.e., Grahani avayava is involved in the disease

Among the common causes observed, as the diseases is related to Agni and Grahani, dietary habits played major role in the disease process, as Atibhojana, asatmya and guru bhojana topped the list. Few manasika nidanas like chinta, shoka, bhaya were also observed. As mentioned by Sushruta, few cases also reported to have atisara previously which might not have been treated properly or the habits might not be observed properly by patients.^[3]

The topic was studied in controlled clinical pattern. Basti procedure was adopted as the primary mode of management for one group of patients and in another group shamanoushadha was administered. Observations

were made in respect of efficacy of the procedure, tabulated and analyzed statistically.

OBJECTIVES OF THE STUDY

1. To evaluate the effect of Dadimasthaka churna in the management of Grahani.
2. To evaluate the added effect of Bilvadi Ghrita Matra Basti in the management of Grahani.
3. To compare the efficacy of both in the management of Grahani.

MATERIALS AND METHODS

Source of Data

Total 40 patients of either sex were selected from OPD, IPD and special camps conducted in Government Ayurveda Medical College, Mysore.

Method of Collection of Data

- 40 patients of either sex were selected incidentally based on the classical signs and symptoms of Grahani.
- The patients were assigned into 2 groups by lottery method into group A and group B, each group consisting of 20 patients excluding dropouts.

Inclusion Criteria

- Patients complaining of Muhur Badda Muhur Drava Mala Pravritti, Muhur Muhur Mala Pravritti and with or without other lakshanas of Grahani.
- Patients between the age group of 16-70 years were selected for the study.
- Patients irrespective of sex, religion, occupation and chronicity were selected for the study.

Exclusion Criteria

- Patients with asadhya lakshanas and upadravas of Grahani were excluded.
- Patients who were unfit for Basti karma were excluded.
- Patients suffering with other systemic diseases which interfere with the course of treatment were excluded from the study.
- If Ova, Cyst are present in stools that study was excluded.

Diagnostic Criteria

- Muhurbadda Muhurdrava mala pravritti.
- Muhur Muhur mala pravritti.

Investigation

Microscopic examination of stool for the presence of Ova and Cyst.

Research Design

It was a single blind controlled clinical study with pre test and post test design. The patients were assigned into two groups i.e. Group A (Control group) and group B (Test group) by lottery method. Placebo followed by Dadimashtaka churna was given for the patients of group

A. Bilvadi Ghrita Matra basti followed by Dadimashtaka churna was administered for the patient of group B. The results of each group were analyzed statistically.

Intervention

For Group A

- Amapachana by Panchakola Churna 3g thrice daily before food with ushnajala as anupana until nirama lakshana were observed.
- Cap. Placebo 1 thrice a day after food given for 8 days.
- Dadimashtaka churna 15gms / day in 3 divided doses before food with takra as anupana for 21 days.

For Group B

- Amapachana by panchakola churna 3g thrice daily before food with ushnajala as anupana until nirama lakshana were observed.
- Bilvadi Ghrita Matra Basti in the dose of 60 ml daily for 8 days was administered.
- Dadimashtaka churna 15gms / day in 3 divided doses before food with takra as anupana for 21 days.

Method of Assessment

The results were assessed on the basis of severity of the symptomatology.

Symptoms	Scoring
Muhur Badda Mala	
Normal once daily	B0
Alternative days	B1
Once in two days	B2
Once in three days	B3
Once in four days	B4
Muhurdrava Mala Pravruthi	
Normal once daily	D0
Twice daily	D1
2-4 times daily	D2
4-6 times daily	D3
> 6 times daily	D4
Muhur Muhur Mala Pravruthi	
Normal once daily	M0
Twice daily	M1
2-4 times daily	M2
4-6 times daily	M3
> 6 times daily	M4

Overall Assessment of the Treatment

The overall assessment of the results in the present study were grouped into the following 5 categories.

The data were collected from both the groups on 0 day (1st Follow-up), 9th day (2nd Follow-up), and 33rd day (3rd Follow-up). The data obtained from Group A and Group B were compared and analyzed statistically with Contingency Coefficient test.

Showing the Significant difference of results in Muhur Badda mala

GROUP			Value	Approx.Sig
Group A	Nominal By Nominal No. Valid Cases	Contingency Coefficient	.479 69	.002
Group B	Nominal By Nominal No. Valid Cases	Contingency Coefficient	.657 69	.000

Showing the Significant difference of results in Muhur Drava mala

GROUP			Value	Approx.Sig
Group A	Nominal By Nominal No. Valid Cases	Contingency Coefficient	.512 69	.000
Group B	Nominal By Nominal No. Valid Cases	Contingency Coefficient	.576 69	.000

Showing the Significant difference of results in Muhur Muhur Mala pravruithi

GROUP			Value	Approx.Sig
Group A	Nominal By Nominal No. Valid Cases	Contingency Coefficient	.388 69	.057
Group B	Nominal By Nominal No. Valid Cases	Contingency Coefficient	.524 69	.000

After applying Contingency Coefficient test it was found that the difference in Baddamala was highly significant with $P < 0.001$ but it was observed that the result was faster in B group compared to A group.

Dravamala pravruithi showed a highly significant difference in both the Groups that is $P < 0.001$.

Muhur Muhur malpravruithi showed a highly significant difference in both the Groups with $P < 0.001$ and it was observed that the result was faster in B group compared to A group.

DISCUSSION**Discussion on Intervention****Panchakola churna**

- Used for amapachana in the patients of both the groups for easy availability and proven amapachana affect.
- Panchakola is explained in Bhavaprakasha Nighantu as pachaka and superior deepaka.^[4]

Cap Placebo

Cap Placebo was given in Group A patients for 8 days. The intention of giving placebo was to motivate the patient for regular follow up.

Bilvadi Ghrita

- It is mentioned in Grahani chikitsa Prakarana by Chakradatta.
- Ghrita has got the property of deepana, balya, rasayana and vatapitta shamaka.^[5]
- Ingredients of Bilvadi Ghrita possess deepana, pachana, vatanulomana, grahi and shoolahara properties.^[6,7]

Dadimashtaka Churna

- It is indicated in Chakradatta Grahani chikitsa prakarana.
- Since it contains 8 parts of Dadima, it is called Dadimashtaka. Dadima possess grahi, sthambhaka and krimighna action.
- The ingredients of this yoga have deepana, pachana, vatanulomana, shoola prashamana and tridoshashamaka properties.^[8]
- The churna was advised to be taken in empty stomach or before food, because in empty stomach the absorption of the drugs becomes easier and in apanavayu vikriti there is indication of medicine to be consumed before food and desired effects are seen much earlier.
- Takra used as anupana, helps in agni deepana, this may enrich the normal bacterial flora of the intestine, because takra contains lactobacillus acidophyllus which promotes the growth of sarcolytic flora and alters the intestinal pH so it inhibit the growth of pathogenesis.^[9]

DISCUSSION ON RESULTS

Both previously treated and untreated cases of Grahani were taken for study. Observations were made before, during and after treatment for the subjective parameters and symptoms of Grahani. Placebo for 8 days followed by Dadimashtaka churna with Takra as anupana was given in Group A, whereas Bilvadi Ghrita Matra Basti for first 8 days followed by Dadimashtaka churna with Takra as anupana was given in Group B.

The result of the study shows that both the groups showed significant results. But it was observed that, the results were much faster and better in group B where Bilvadi Ghrita Matra Basti was given in comparison with group A. So, it can be stated that Bilvadi Ghrita Matra Basti has a very significant role in the management of

Grahani as the patients of Test group B showed overall improvement (70.0%) over Control group A (43.48%). Decrease in the symptoms of the disease was found in both the groups. But rate of reduction was faster in the test group compared to control group during first follow-up that is after Bilvadi Ghrita Matra Basti which confirms the added effect.

By observing all the above results and analyzing statistically it can be concluded that Bilvadi Ghrita has got good added effect as basti yoga with Dadimashtaka churna which play a major role in the management of Grahani.

CONCLUSION

- Grahani is a disorder which is caused mainly due to irregular food habits, in terms of asatmya bhojana, guru bhojana, and ati bhojana.
- Manasika karanas such as chinta, shokha, bhaya mentioned as the cause of the disease were also clinically observed.
- The major srotas involved in the disease are Annavaha and Pureeshavaha srotas.
- The pratyatma lakshana of Grahani i.e. Muhurbadda Muhurdrava; Muhur Muhur mala; were clinically observed in the patients.
- Basti chikitsa is mentioned as an effective shodana therapy for Grahani in the classics.
- Dadimashtaka churna as shamanoushadhi has proven effects in Grahani as mentioned in classics and also affirmed by various research works.
- Bilvadi Ghrita Matra Basti gives good added effect with Dadimashtaka churna in the treatment of Grahani, in terms of faster recovery, sustained relief and inhibition of relapse.
- Thus it can be concluded that Bilvadi ghrita matra basti followed by Dadimashtaka churna internally may be one of the best line of treatment in the management of Grahani.

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